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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker.

MORNING-HOUR DEBATE

The SPEAKER. Pursuant to the order of the House of January 17, 2012, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 11:50 a.m.

GASODUCTO

The SPEAKER. The Chair recognizes the gentleman from Illinois (Mr. GUTIERREZ) for 5 minutes.

Mr. GUTIERREZ. Mr. Speaker, we've all seen bad horror movies, the ones where every time you think it's safe to relax and take a deep breath, the monster is right behind the door. You know the drill. No matter how hard the teenagers in the basement or the swimmers in the lake or the hikers in the wood try to get away, the creature just can't be stopped.

Well, the people of Puerto Rico are stuck in their very own horror movie, one that just won't end, and one with a villain that just won't go away, except the villain isn't a guy wearing a hockey mask or carrying a chain saw. The villain is a bunch of government insiders, and the horror story is about their desire to build a huge gas pipeline.

It's a pipeline that the people of Puerto Rico don't want, that experts have said that Puerto Rico doesn't need, and environmentalists have testified will destroy the natural beauty of thousands of acres on the island. And this might be the scariest part. It's a pipeline that Puerto Rico doesn't even have enough natural gas to operate.

The name of the pipeline is Gasoducto, and the horror story started in 2010. About all that has been missing from the script is bad music and vampires. The story has featured the Puerto Rican people's tax dollars, as much as \$100 million of them, paid to consultants and lobbyists hired by the government, including close friends and allies of the Governor and his ruling party.

It's featured the government hiring a consulting team of former high-ranking Army Corps of Engineer employees based in Florida. The consultants magically convinced the Army Corps to take review of the project away from the local San Juan, Puerto Rico, office. Where did they move it to? Surprise—to Florida, right down the road from where the consultants live and used to work.

It has featured ever-increasing cost estimates of the project, ballooning to nearly \$1 billion. It has featured huge protests and marches by the Puerto Rican people against the pipeline and public opinion polls showing three-quarters of the people strongly opposed to the project.

It has featured power supply experts who studied the government plan and noticed one important flaw. Just as Casa Pueblo, countless technical experts, environmentalists, scientists, and I have insisted to the Army Corps all along, the only current source of natural gas supply available for this project in Puerto Rico was too small for a pipeline to even work.

And finally, it even featured—after tens of millions of dollars spent—the Governor appointing his own commission to make recommendations about how Puerto Rico can make better use of natural gas to meet its energy needs.

The commission, appointed by the very Governor who dreamt up the Gasoducto plan, made three recommendations. None of them—I repeat—none of them included

Gasoducto. Not one. Actually, they discarded it and called it unviable.

Finally, the people of Puerto Rico thought the monster must be dead. Finally, we can stop sending tax dollars to connected government insiders, we can stop worrying about our environment, we can stop wondering where in the world the natural gas for a billion dollar pipeline will actually come from. But that's not how horror movies work.

Last week, the Governor was quoted in the press as saying Gasoducto was still alive. Why? Because the Governor of Puerto Rico claims that the Assistant Secretary of the Army, who oversees the Army Corps of Engineers, has asked him personally not to withdraw the Gasoducto application. Assistant Secretary Darcy wants him, the Governor, to wait a while before pulling the plug, which is already on life support for this monster.

Personally, I find this hard to believe. I don't know why an Assistant Secretary of the Army would want to keep a monster alive that is an unneeded, unwanted insider boondoggle that isn't even wanted by the regime that proposed it in the first place. But I've written to find out, is it true and how could this be?

I expect answers, just like I expect answers on my ongoing request to the Army about how the Army Corps of Engineers has handled this application and why the review was moved away from their employees in Puerto Rico and closer to a bunch of consultants who used to head their office in Florida.

When it comes to Gasoducto, enough is enough. Like in most bad monster movies, Gasoducto has been almost impossible to believe from the very first scene, a silly, unnecessary waste of time and money. It's time to roll the credits and declare this monster dead once and for all.

This symbol represents the time of day during the House proceedings, e.g., 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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IN MEMORY OF MAERSK
MCKINNEY MOLLER

The SPEAKER pro tempore (Mr. FARENTHOLD). The Chair recognizes the gentleman from North Carolina (Mr. COBLE) for 5 minutes.

Mr. COBLE. Mr. Speaker, I stand today to honor the legacy and achievements of one of the greatest friends America has ever known, Mr. Maersk McKinney Moller, who died recently at the age of 98 in his home country of Denmark. Mr. Moller, whom I've known personally for more than 2 decades, was a Dane and an American by virtue of his American mother, a loyal husband, a doting father, a brilliant businessman, and a leading figure in the development of the modern globalized marketplace.

I initially met Mr. Moller, Mr. Speaker, in his Copenhagen office. We spoke for 35 to 40 minutes, and it became apparent to me that I was in the presence of a truly great man.

Mr. Moller loved America. It is no coincidence that his company's U.S. flag business unit, Maersk Line, Limited, owns and operates the largest U.S. flag fleet of vessels serving our military today. In fact, these U.S. flag vessels employ more American mariners and have delivered more of the critical material to supply U.S. troops in the Iraq and Afghanistan conflicts than any other carrier. And the same is true of humanitarian aid and every other category of government-impelled cargo carried by U.S. flag commercial vessels. Maersk McKinney Moller believed in the mission and basic goodness of America, and he demonstrated that belief throughout his life.

Mr. Moller, Mr. Speaker, was born in Denmark in 1913. He grew up in the shipping industry that his father, Arnold Peter Moller, had started in 1904. In 1940, after the occupation of Denmark by Nazi troops, all the company's vessels in international waters were ordered to neutral ports and a third of the fleet sought refuge in ports controlled by the United States.

□ 1010

Mr. Moller traveled to New York soon after the occupation and ran the operations from there through 1947.

Allied forces requisitioned the Maersk fleet and most were subsequently lost to German U-boats in the most devastating loss of merchant mariner life in history. At the conclusion of the war, Mr. Moller returned to Denmark and continued building a global business empire, becoming CEO of the group in 1965.

In 1991, Mr. Moller wrote a letter to then-U.S. Secretary of Defense Dick Cheney highlighting the longstanding connections between America and Maersk. Among other matters in the letter, Mr. Moller wrote:

Maersk is, and has always been, a strong advocate for uninhibited free trade and the principles of freedom consistently enunciated by the United States and Denmark. Our entire organization, and especially

Maersk Line, Limited will be ready to serve anytime should that be desired.

Mr. Moller stepped down as CEO in 1993, but remained chairman of the AP Moller Group until 2003. Even through the last few months of his life, however, Mr. Moller went to work every day, walking up five flights of stairs to his office.

Through his vision and leadership, Mr. Moller built the largest container shipping company in the world, but never abandoned his love and appreciation for the United States and its people. Over 70 years, he personally cultivated and sustained a valuable partnership with the United States, one that continues to support and advance our commercial and national security interests around the world.

Finally, Mr. Moller was a citizen of Denmark, indeed, the world; but he will always have a special place of respect, admiration, and appreciation from the people and the Government of the United States.

CLIMATE CHANGE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, in this time of extreme weather events, our hearts go out to victims of the storms, wildfires, power outages, torrential downpours, the winds, trees crashing into homes. It makes our hearts ache, thinking of the suffering of hundreds of thousands of people in sweltering heat without electricity.

Beyond our shores, we see this extreme weather is global in scale, such as the flash floods that killed hundreds in Russia this last week. We must pause, shudder, and feel sadness for those families.

For many, the instinct is to help people resettle, rebuild, and reconnect. But the Nation's elected leaders should do more than comfort those in distress and try to help people recover. As policymakers, shouldn't we act to try and prevent the next catastrophe?

Some of this is relatively simple and straightforward, even if potentially controversial. Don't relocate people right back in the same flame or flood zone. We know they'll be ravaged by fire and flood. At a minimum, we shouldn't have the Federal Government pay to put people right back in harm's way.

This discussion is part of flood insurance reform and national disaster policy that I personally have been working on for decades. We have made some progress, but not nearly what we should.

You would think we would stop making it worse, yet we allow more and more people to move into the flame zone seeking to live with nature, and these people then expect government to prevent nature from doing what it's done for eons. In most cases, the fires in these areas not only cannot be

stopped, but we make the next fire worse by suppressing nature's natural fire cycle until there's so much fuel in the forest that the inevitable next fire burns longer and more furiously, putting more at risk.

The more people who are permitted or even encouraged to build homes and live in an area that cannot be defended is a prescription for disaster. It's an example of political malpractice, a head-in-the-sand attitude that many today in this Chamber have regarding climate change, rising sea level and weather instability, which are all completely predictable, foreseen consequences of carbon pollution.

It's being played out in a variety of areas. We're watching oceans become more acidic, bleaching and killing coral reefs, which are the rain forests of the sea. Shouldn't we be doing something to try and prevent it?

On the land, it's becoming clear what warming will mean to our communities with more instability, hotter temperatures, heavier precipitation events, 23,383 all-time heat records set this year.

The worst example of government response, I think, is legislation in North Carolina, and it's already passed the State senate and is working its way through, that would prevent the State and local governments from planning based on the best scientific evidence about the accelerating pace of sea level increase.

In Congress, it's notable that one of our major parties has firm opposition to even using the words "climate change," let alone plan for or prevent it happening. It's not an energy policy to promote more carbon pollution and lavish support for old fossil fuel technology, nor to claim climate science is a hoax.

That's the mindset that puts at risk replacement of a vitally needed satellite providing climate data. With all the ominous signs, horrific events and high stakes, how can we, as policymakers, not at least give weight to the advice of the vast majority of scientists.

I'll tell you, this current generation of politicians will be asked by their grandchildren what could you possibly have been thinking. Indeed, I'll wager that some of today's policymakers, even the most obtuse and dogmatic, will live long enough to regret their hostility to science and their short-sighted devotion to politics of the moment over the future of the planet and their very families.

They are like King Canute, who ordered the tide not to come in until it washed over his feet. Unlike King Canute, today's policymakers could do something about it.

HEALTH TAX

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. FORBES) for 5 minutes.

Mr. FORBES. Mr. Speaker, several days ago I was one of only a handful of

Members of Congress who actually sat in the Supreme Court and listened to five Justices debate and say that they believed that the President's health tax was constitutional, and I watched them debate the four Justices who believed it was not constitutional.

Because one more Justice believed it was constitutional than the four that believed it was not constitutional, our friends on the other side of the aisle believe that we should now step back and do nothing and just allow this health tax to be imposed on the American people.

Well, we reject that suggestion, and the reason we do is because today the number one issue in the American people's minds is the economy, and the number one concern we have about the economy is the loss of their jobs. Yet we have watched as this administration has had 41 straight months of unemployment in excess of 8 percent.

We have watched as their policies have delivered us a net loss of 473,000 jobs, and we are about to unleash three enormous job killers on the American public. In just a few months, we will increase taxes on the American people if we refuse to extend the Bush tax cuts, which will cost thousands of jobs. Yet our friends on the other side of the aisle say we should step back and do nothing, and we reject that notion.

In just a few months, based on legislation this President approved and signed into law, we will have massive defense cuts that his own Secretary of Defense says will cost us 1.5 million jobs, and our friends on the other side of the aisle say we should do nothing and just let that come on the American people. We reject that notion.

Finally, Mr. Speaker, as this health tax gets ready to be imposed on the American people, based on the Congressional Budget Office, it will cost 800,000 jobs. Yet our friends on the other side of the aisle say we should take no action and just let it happen. We reject that notion.

The reason we reject it is because the American people realize that as we take an action to repeal this health tax, we are setting a new course for health care in America. As we set a new course for health care in America, we begin to do what the American people want us to do and set a new course and a new direction for America.

□ 1020

AMERICANS NEED REAL SOLUTIONS TO REAL PROBLEMS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY of Virginia. Boy, my friend from Virginia could not be more wrong.

What exactly are the House Republicans trying to accomplish with today's 31st repeal vote of health care? One of the first votes Republicans brought to the floor when they became

the majority in January of 2011 was to repeal the health care insurance reform law in its entirety. That bill passed out of the House on a virtual party-line vote, so you'd think Republicans would move on to the real challenges facing our economy like unemployment and the expiration of individual and business tax cuts.

In the face of the Supreme Court ruling declaring important health insurance protections in the Affordable Care Act constitutional, House Republicans are not repealing that earlier vote but instead setting up a repeat of it. They have become so ideologically immovable that they can think of no more constructive solution than to simply replay this bit of political theater. Meanwhile, 56 percent of Americans say it's time to move on to the true pressing challenges facing our Nation, according to a Kaiser Family Foundation poll. A quick review of those challenges shows that this Republican House majority has not even tried to address them.

Let's start with the very real threat of expiring tax cuts creating a drag on our economy. There are a number of already expired and expiring tax cuts, including the alternative minimum tax patch, which could affect 34 million Americans. Then there's the payroll tax cut affecting 160 million Americans and numerous businesses, including the Bush tax cuts, which expire later this year. All combined, the expiration of those tax cuts could add up to a \$4,000 per household bill on Americans. So far, House Republicans haven't felt the urgency to hold a single vote to extend any of those tax cuts.

How about the Medicare doc fix? If Congress doesn't extend the sustainable growth rate patch, Medicare and TRICARE doctors will see more than a 27 percent cut in their reimbursements, causing many of them to stop seeing patients. Millions of seniors and military members and retirees could lose access to their doctors. But not a single vote has been proposed by the Republicans to stop that from happening.

Then there's the debt ceiling. Without action, the Nation will once again risk breaching its statutory limit, triggering a historic default. Last summer, we achieved a bipartisan agreement to raise that ceiling and lower the deficit at the same time, warding off the cataclysmic effects of default, but not before House Republicans pushed us to the brink, resulting in the first time ever a downgrading of U.S. credit. The American people don't want a repeat of that sad chapter in our history, and our economy certainly cannot afford it. Ronald Reagan knew the value of ensuring America fulfilled its commitments. He raised the debt ceiling 18 times with no conditionality.

What about a comprehensive jobs bill? After 27 straight months of private sector job growth, cleaning up the mess President Obama inherited, the base of U.S. job creation has begun to slow in the wake of instability in Euro-

pean markets. Before the July 4 holiday, we achieved a rare feat for this Congress in passing a bipartisan reauthorization of the transportation bill, giving a much-needed jolt to the construction sector. But we can and should do more to spur hiring in the alternative energy sector, manufacturing, health care, and more. But instead of focusing on jobs, which they claimed in the last election was their focus, Republicans are creating a sense of *deja vu* all over again on the floor by staging a repeat of the health care reform.

Lost in this political pandering is the fact that the Affordable Care Act is actually working. Seniors who fall in the prescription drug doughnut hole are saving an average of \$651 this year alone. Almost 13 million Americans are eligible for rebates averaging \$151 from their insurance companies, thanks to new requirements in the bill. Premiums for Medicare Advantage are down 7 percent for the first time ever and benefits are up and enrollment is up 10 percent. Medicare is on track to save \$200 billion by 2016, pursuant to the act, without one benefit being cut—in fact, benefits improving.

Mr. Speaker, the House majority is selectively ignoring those improvements to justify this repeat of its repeal vote. With so much to do—with American businesses and families waiting for tax predictability, with the economy bracing for the impending fiscal cliff, with almost 4 million people still searching for employment—House Republicans are still offering more of the same. And sadly, it's not enough. Americans need real solutions to real problems. Let's get on with them.

HIGH-LEVEL NUCLEAR WASTE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. SHIMKUS) for 5 minutes.

Mr. SHIMKUS. Mr. Speaker, I come back on the floor as I have almost weekly throughout this entire Congress for 2 years to talk about the issue of high-level nuclear waste and what are we to do about it. And I really applaud my colleagues who joined me on June 6, 2012, on an amendment to a spending bill. It was a bipartisan vote; 326 Members of Congress supported finishing the scientific study on Yucca Mountain. That's the money that we had appropriated and that Senator REID and President Obama did not spend for the scientific study. Then, in the last two cycles, Senator REID has been blocking additional money for finishing the scientific study. So 226 Republicans and 98 Democrats joined me to really stress the point that we've got to finish this.

Yucca Mountain started in 1982 with the Nuclear Waste Policy Act. It was the defined location—it is the defined location—under current law under the amendments passed in 1987. To not fulfill and not to move forward is, in my estimation, breaking the law of the

land. And who's complicit in this is our friends on the other side and the President of the United States.

Now, how does that affect the rest of the Nation and the Senators involved and Members involved? Well, we compare the current site of Yucca Mountain to where nuclear waste is located around this country. Yucca Mountain currently has no nuclear waste on-site. We've already spent \$15 million over 20 years trying to finish this project. It would be stored a thousand feet underground, it would be a thousand feet above the water table, and it would be a hundred miles from the Colorado River.

Well, let's look at where we have nuclear waste, and nuclear waste is defined by a lot of different titles. Some is just spent fuels from nuclear utilities. A lot of our nuclear waste is defense waste: reprocessed, weaponized uranium or the chemicals needed to effect that.

So we have a Department of Energy location at Idaho National Labs. How much waste is in Idaho right now? We've got 5,090 canisters on-site. Waste is stored above the ground and in pools. Waste is 500 feet above the water table and waste is 50 miles from Yellowstone National Park, a major tourist destination for many of our citizens throughout this country.

This is a Senate issue, really, and not a House issue anymore since the House is on record, especially with this vote this year of 326 of our colleagues in support. Where are the Senators? The last time I came down to the floor, I talked about the State of Missouri and Senator MCCASKILL, who is undecided after being a U.S. Senator for 5½ years. Well, now I turn to Montana, who's a neighbor to Idaho, and another undecided Senator, Senator JON TESTER. Can you imagine being a U.S. Senator for 5½ years, having nuclear waste in the State next to you and never having a position on what do we do with the final position on nuclear waste, whether it's nuclear waste in spent fuel or whether it's nuclear waste in our defense industry?

A place like Hanford, Washington, where we have millions of gallons of toxic nuclear waste that's designed to go to Yucca Mountain, couldn't a U.S. Senator in 5½ years say, I think yes, or I think no? Why is that important? You look at the total tally of what we've done over the past year and a half trying to identify where Senators stand. We have 55 Senators who support moving forward on Yucca Mountain. We have 22 question marks, one of them being Senator TESTER from Montana. And then we have 23 identified "no" votes. Really, to close debate, based upon the Senate rules, you need 60. If we can move Senator MCCASKILL and Senator TESTER, that brings us to 57 Senators and really a game-changing position to resolve this issue of high-level nuclear waste, which is pretty much throughout the country.

In my own State, my colleagues here on the floor in the State of Illinois, we

are the largest nuclear-generating State in the country. We have six locations, 11 reactors. Some are right on Lake Michigan, Wisconsin; nuclear power plants right on Lake Michigan, Michigan; nuclear power plants right on Lake Michigan. Would you rather have high-level nuclear waste in the desert underneath a mountain or would you rather have it next to Lake Michigan or 50 miles from Yellowstone National Park? I think the answer is simple.

This has become politicized because of the Majority Leader of the Senate and his partner in crime, the President of the United States. It's time for us to move on good public policy: identify, centrally locate, and store high-level nuclear waste underneath a mountain in a desert.

□ 1030

THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Wisconsin (Ms. BALDWIN) for 5 minutes.

Ms. BALDWIN. Mr. Speaker, thanks to the Affordable Care Act, roughly 17 million American children with pre-existing medical conditions can no longer be discriminated against and be denied health insurance by insurance companies. And yet, rather than focus on the key tasks of creating jobs and strengthening the middle class in America, my Republican colleagues want to tear up the health care law. They want to rip up the independent decision by our Supreme Court, by Justices appointed by Presidents of both parties, finding the Affordable Care Act is on firm constitutional footing, and they want to start all over again, putting the coverage of those millions of children I just spoke about at risk.

This vote is personal. Health care is personal. When I was 9, I had a serious childhood illness. I spent 3 months in the hospital. My grandparents, who were raising me, found out that their family insurance didn't cover me. They made great sacrifices to help pay for my care. But if that weren't enough, when my grandparents then looked for insurance that would cover me, they couldn't find coverage at any price. I was considered one of those kids with a preexisting medical condition, never mind that I had fully recovered from my illness. No child should ever be denied coverage for that reason.

I grew up believing that no family should have to go through what ours did. Parents or grandparents shouldn't have to worry, shouldn't have to lay awake at night worrying about whether they can provide for a sick child or whether an illness might bankrupt their family.

Families now know that insurance companies can't discriminate against their children based on a preexisting condition. Turning back the clock so insurance companies can, once again, deny children access to care is simply wrong.

It is time that we all move forward. It is time that we work together. It is time to make this Affordable Care Act work for the American people.

GOVERNMENT BY CONSENT OF THE GOVERNED

The SPEAKER pro tempore. The Chair recognizes the gentleman from Michigan (Mr. WALBERG) for 5 minutes.

Mr. WALBERG. Mr. Speaker, despite talk of political gridlock in D.C., Republicans and Democrats can agree on at least one thing—the economy is in rough shape. For the past 41 months, the unemployment rate has not gone below 8 percent, causing worry, uncertainty, and frustration for many families living in Michigan and across the U.S. But unfortunately, things can still get worse.

It's time for President Obama and the Senate to stop pushing their failed agendas and start applying common-sense policies that work. My Republican colleagues and I in the House have been listening to the American people and remain committed to policies that spur job creation, reduce costs, and restore power back to the people.

Last month's employment report showed that millions of Americans still are without a job and the unemployment rate is stuck at 8.2 percent. Meanwhile, the anemic job growth is even worse in my district where some areas show an unemployment rate of over 9 percent. Nationwide, the rate of "real unemployment," which includes the unemployed, the underemployed, and those that want to work but have given up looking, now totals 14.9 percent. Making matters worse, the number of weeks it takes a worker to find a job has more than doubled since President Obama took office. Is this hope and change?

But it's not just the unemployment numbers which paint a grim picture of our economy. Government spending is out of control. With 84 days left in the fiscal year, the government has already spent its way into another \$1 trillion deficit. Despite this out-of-control spending, the Senate hasn't bothered to pass a budget in more than 3 years. Since that time, the Federal Government has added more than \$4 trillion to our national debt.

Families and businesses in my district and across the country know that they can't spend more than they make, which is why they create budgets and why they sometimes have to make tough choices to prevent them from drowning in debt. They get it, but sadly, their President and Senate still refuse to look at the facts.

But they also refuse to listen to the American people. According to the polls, Americans, and especially those in my district, are angry about having a government takeover of health care and the largest tax increase in history. Health care coverage is already too expensive for many families in my district, and this health care takeover

will not only make it more expensive, but put Federal bureaucracy between them and their doctor. On top of that, it will hinder job creators from hiring by requiring them to either offer costly government-mandated health insurance or pay a steep fine.

So far, my colleagues and I in the House have taken 30 floor votes to repeal, defund, and dismantle the law. After it's gone, we can start over with commonsense reforms that will return choices to the patients and not burden job creators with higher costs, new regulations, and more uncertainty.

It's obvious to the American people that the President's policies are failing and making the economy worse. Instead, they want the government to stop taxing them more, stop creating new harmful regulations, and stop coming between them and their doctor.

House Republicans have been listening. That's why we will continue to work on repealing this unfavorable and costly health care law. It's why we already put forth a balanced, responsible budget, and it's why we put together a plan for America's job creators to create an environment in which small businesses can grow and hire and where health care is affordable again.

Currently, there are 27 bipartisan jobs bills that have been passed by the House and are languishing in the Democrat-controlled Senate. My hope is that the President and Senate stop talking to the American people and start listening to them.

THE AFGHANISTAN WAR: COSTING US DEARLY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. WOOLSEY) for 5 minutes.

Ms. WOOLSEY. Another day, Mr. Speaker, another wave of attacks by insurgents in Afghanistan. The New York Times reported yesterday that the Taliban killed five police officers with a roadside bomb in what it calls "a relatively peaceful province" in central Afghanistan.

Separate attacks in Kandahar led to the deaths of three officers, with six civilians wounded. A motorcycle bomb took the lives of several more people in Helmand province on Sunday night, and then yet another motorcycle bomb in northern Afghanistan on Monday, wounding 26, with 10 in critical condition. And a deeply disturbing video is making its way around the Internet showing a 22-year-old Afghan woman being brutally executed by the Taliban over accusations of adultery.

Almost 11 years after our military occupation began, the security situation in Afghanistan is clearly abysmal. Our troops are in danger, Afghan security forces are in danger, and innocent civilians are in danger. Nearly 11 years ago, we went to war with the goal of defeating the Taliban, and yet the Taliban is alive and well, winning recruits, operating in the shadows, and

ruling by terror throughout Afghanistan.

I'm not saying that ending the war and bringing our troops home will stabilize Afghanistan overnight. But I am saying that the longer we continue with our military occupation, the more we breathe life into the very forces we're trying to defeat. It is the resentment of our boots on the ground that is helping to sustain the Taliban.

There are clearly urgent humanitarian needs in Afghanistan, Mr. Speaker, and we have a moral responsibility to help meet them.

□ 1040

This is one of the poorest nations on Earth, with infrastructure needs, children who need schools, and malnutrition that must be addressed. But deploying thousands and thousands of troops for more than a decade is not the way to meet these challenges. Our military is not trained or equipped to do that kind of work.

For pennies on the dollar, Mr. Speaker, we can have a true civilian surge, investing in development aid to improve the lives of the Afghan people. We could give USAID a fraction of the \$10 billion a month we spend on the war in Afghanistan and we could do a world of good. This approach isn't just the right thing to do, it isn't just a moral imperative, it's the SMART national security strategy as well.

On the other hand, the existing strategy of invasion and occupation has not served us well. The Afghanistan war has cost us dearly—in precious lives, in taxpayer dollars, in moral authority, and global credibility. It is undermining our national security interests instead of advancing them.

Mr. Speaker, it's time to do the smart thing—bring our troops home and, in return, invest in the hopes and future of the Afghan people—and do it now.

GOVERNMENT INCOMPETENCE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, Indiana prison inmate Ryan Greminger collected unemployment benefits during his 2-year sentence in the county jail for a drug crime. He collected \$14,000 of taxpayer money. He was in jail, and the government continued to pay him anyway.

Only in America would we pay people in jail because they are unemployed. Greminger should not have obtained money from honest American taxpayers, but he did.

Government is becoming incompetent when it comes to paying unemployment benefits. According to CNN, the Federal Government overpaid \$14 billion in unemployment benefits just last year. That means 11 percent of all jobless benefits paid out were not supposed to be paid to those individuals. Those overpayments that should have

gone to people in need were sent by government to those who didn't deserve any money. You see, not all payments are to honest people who are looking for jobs and are out of work.

Inmate Greminger's case is bad, but there's more.

A convicted killer, murderer, in a California prison was receiving at least \$30,000 in unemployment checks. The murderer made sure that his family and his friends cashed his checks while he was locked up. So each month, his family fraudulently cashed his \$1,600 check, which they would then deposit in his jail bank account. Guess where it went next, Mr. Speaker? He shared the jail money with some of his low-life prison gang members while he was in the joint.

There's more.

The Federal Government reportedly sent a man \$515,000 in payments over 37 years—37 years, Mr. Speaker—because he was supposedly unemployed. Thirty-seven years of unemployment benefits for anyone is nonsense to me, but who exactly were they sending that money to in this case? A dead person who died 40 years ago. No wonder he wasn't working, Mr. Speaker; he wasn't around.

We count on our government to spend our tax dollars wisely, but it is inefficiently sending money to those not qualified to obtain taxpayer support—prison inmates and dead people.

Fourteen billion dollars is a lot of money in anybody's book. In the private sector, if a business misappropriated \$14 billion, the people in charge would be fired or go to jail, but not so with government agencies. These overpayments and wasteful incompetent spending really don't shock or surprise Americans anymore at all. There's so much waste of taxpayer money that we have become accustomed to it, and we actually expect government to waste money—too big, too wasteful, too incompetent, and too inefficient.

But the real problem is not waste, but the size and inefficiency of government. We're moving to a society that is just another European nanny state, where government is bigger, bloated, and controlling. The government says it will provide all our needs if we just turn over more power, authority, and money to government and government agencies.

Mr. Speaker, does anybody ever really get warm fuzzies when we hear about government programs like the post office, FEMA, the IRS, or TSA? I don't think so. Government doesn't do things better; it does things more expensively and wastefully. And government promotes a concept of more dependence on government, not independence.

We in Congress need to realize the obvious—that unlimited, out-of-control government is not the answer to our problems. But until we get a grip on government and move to a constitutional concept of limited government,

we should expect and demand more accountability from the people that are in charge of the people's money.

With hard economic times affecting the unemployed, we cannot tolerate wasteful spending by government bureaucracies. With 8.5 percent unemployment nationwide, 11 percent in the Hispanic community, 14 percent in the African American community, 14 percent for returning military from Iraq and Afghanistan, and 50 percent unemployment for recent college graduates, we should demand that when government helps those we as a society say it should help, government does so properly and efficiently and in a dignified way. Otherwise, more dead people will continue to receive taxpayer money that should go to people that are at least alive.

And that's just the way it is.

AFFORDABLE CARE ACT REPEAL EFFORTS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Tennessee (Mr. COHEN) for 5 minutes.

Mr. COHEN. Mr. Speaker, the passage and implementation of the Affordable Care Act is the culmination of an American political journey that started a century ago with Teddy Roosevelt in 1912 with the Bull Moose Party—also a Republican—and picked up years later by Harry Truman and other Presidents, including Richard Nixon, another Republican. The most recent groundwork for reform was laid in part by the former Republican Presidential candidate, Robert Dole, as an alternative to Hillary Clinton's plan, and by the present Republican Presidential nominee, Mitt Romney. I commend them for championing the concept of the individual mandate back when it wasn't quite as unpopular on their side of the aisle.

The history of reforming our Nation's health care system is a strong one that has historically been championed by lawmakers on both sides of the political spectrum, until this Congress. My colleagues on the other side of the aisle have wasted hours upon hours debating and voting upon the various versions of the legislation that would repeal the Affordable Care Act.

My colleagues know that these initiatives are fruitless. They know that voting over and over and over again—more than 30 times total—on measures to repeal the Affordable Care Act is a waste of time, but they keep calling for these votes. Do you want to know why? Because they want to distract the American public from the fact that they are so committed to unseating our President, Barack Obama, that they haven't passed any effective job-creating legislation since they took over the majority in this House in 2010.

The Supreme Court of the United States upheld the constitutionality of the Affordable Care Act, and it's time to face the facts. Earlier today, a gentleman from Virginia said, Oh, it was

just 5–4. Bush v. Gore was 5–4. We accepted that the person who got the least votes and lost Florida was President of the United States for 8 years, but the consequences we still have to face.

The Affordable Care Act is the law of the land. As a result, millions of Americans who were previously uninsured or underinsured have access to affordable, high-quality health care. In fact, the number of Americans uninsured is equal to the population of 25 of the 50 States.

Thanks to the Affordable Care Act, millions of Americans and small businesses have already benefited from lower health care costs, increased access to preventive care, and stronger patient protections.

Thanks to the Affordable Care Act, 12.8 million families will receive rebates that total over \$1 billion from insurers next month, in August, because the law requires companies to provide value for their premium dollar. Never before has that happened.

Community health centers in my district have received over \$10 million to deliver health care services to underserved and impoverished Memphians, and 170,000 households in my district will get a premium credit so they can afford quality health insurance coverage.

Women no longer are considered a preexisting condition, and insurance companies can't charge them more, which they did, by 40 percent.

Medicare beneficiaries now have access to preventive care and services without any copay.

And 64,000 people in my district will go from uninsured to insured.

32.5 million seniors nationwide received one or more preventive care treatments in 2011.

The doughnut hole is being closed; 50 percent discounts on covered brand-name generics.

Annual and lifetime caps on health care coverage are now illegal, meaning insurance companies can't kick you off the plan just because you get cancer or are in an accident or have a heart attack.

Our children are now protected because insurers are prevented from denying coverage to children under 19 for preexisting conditions. This means up to 17 million children with preexisting conditions are now protected from discrimination.

Young adults can remain on their parents' insurance until they're 26, providing some protection in this uncertain job market.

□ 1050

It's now affordable for small businesses to provide insurance to employees. The tax credits cover up to 35 percent of the cost of coverage and will go up to 50 percent in 2014. In fact, in 2011, 360,000 small employers used the Small Business Health Care Tax Credit to help them afford health insurance for 2 million workers.

One of the most misleading arguments by my colleagues concerns that penalty that will be assessed on those financially-able Americans who choose not to purchase insurance, thereby not taking responsibility for their health care. Responsibility. That's one of the keynotes of the Republican side.

But if an uninsured person in my district gets into a car accident or comes down with an aggressive illness, they're taken to a public hospital in Memphis called The MED. The MED treats everybody because they have to, and when The MED takes care of those people, the property owners, the responsible people, pay for it through higher property taxes, or you pay for it with your insurance, if you have it, because it's uncompensated care if you go to a non-public hospital.

The time and effort put in by nurses and doctors and assistants at The MED aren't free. The medical devices and supplies that The MED used to treat those uninsured people aren't free. Every single resident of Shelby County pays for those services when a person seeks emergency services there, and the taxes go up.

People who choose not to buy insurance for themselves and their families, even with the Federal Government providing incentives and credits, are irresponsible free riders, and it's the free riders that the other side's trying to talk about, not the conscientious and responsible people who take control of their own lives and their own destinies.

Not taking responsibility for the health of yourself and your family is reckless. The free riders have been a burden on our national health care system for far too long, and it's time they take responsibility for their actions and their health. This penalty, which will be equal to no more than the estimated cost of an insurance premium, is the way we do it.

It's long past time we implement the health reform initiated by Teddy Roosevelt and championed by people of both parties. It's time Americans realize and take advantage of their right to quality healthcare. And it's long past time my colleagues stop playing partisan politics and start working on behalf of the American people, not giant corporations, once again.

STARTUP ACT 2.0

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. DOLD) for 5 minutes.

Mr. DOLD. Mr. Speaker, this week I welcomed 26 new citizens to this country. It was an inspirational event, and I'm so proud of all they have been able to accomplish. These individuals have worked hard to become citizens, and they are poised to go on and fulfill the American Dream. There is no doubt that times are tough, and yet these individuals have persevered despite all of the obstacles.

As families all over the Nation are struggling with the lagging economy,

we must remain focused on job creation and economic growth. As part of my Main Street jobs agenda, I'm focused on bringing opportunities such as STEM education for our students and for those looking for work. As part of this effort, I've cosponsored the bipartisan, bicameral Startup Act 2.0.

The United States is the higher education destination for the world. This is a testament to the strength of these institutions and the value of the degrees. But too often, foreign students come here to learn, and then have little choice but to return to their home countries after they are through.

Students with advanced degrees in science, technology, engineering, and mathematics are forced to go home with that knowledge, with the ideas and aspirations, aspirations to change the world and bring new technologies. Many of them want to stay here to make something of themselves here in our country because it is still the best place for ideas to become realities. And what we do is we force them to go back to their own country, to compete against us here in the United States.

These ideas become solutions which, in turn, become job-creating companies. According to a study by the National Foundation for American Policy, immigrants founded or cofounded almost half of the top 50 venture-backed companies in the United States.

Since our Nation's founding, Mr. Speaker, immigrants have flourished, along with our economy. America becomes a richer and more dynamic society by encouraging the best and the brightest from all over the world to set up shop here on our soil. That is why I'm honored to cosponsor the bipartisan, bicameral Startup Act 2.0 that will help get Americans back to work, and I encourage my colleagues to do the same.

America becomes a richer and more dynamic society by encouraging the best and the brightest from all over the world to come here to our country.

The people I welcomed as new citizens this week do not have time for gridlock in Washington, Mr. Speaker. The American public doesn't have time for gridlock in Washington. We must move forward and find common ground to help the millions of Americans who are working toward their American Dream, to help them get back to work.

READ THE BILLS AND COMPARE THE TWO

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. AL GREEN) for 5 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, this message is only for persons who may get sick. If you will never get sick, this message is not for you, N-O-T, not for you. Only for those who will get sick.

Mr. Speaker, I hold in my left hand a copy of the Affordable Care Act. I hold in my right hand the replacement bill that my colleagues across the aisle have been talking about.

This bill has passed the Congress of the United States of America. It is more than 2,000 pages. It was condemned for being too long, which may explain the size of this bill. This bill has within it preventive care. This bill has within it a cap on administrative costs. You must spend 80 to 85 percent of the money that insurance companies collect on health care. This bill protects persons who are under 26 years of age, as they can stay on their parents' insurance. This bill covers persons with preexisting conditions.

I had to read this bill. My constituents insisted that I read this bill before voting on it.

And my constituents want me to read this bill. This is the replacement bill, and they want me to be sure that I understand the replacement bill before I vote to repeal.

So what I'd like to do now, for all within the sound of my voice and who are viewing this, I want to read the replacement bill. I shall read the replacement bill. Let me just read half of it first. I shall now read one-half of the replacement bill. Now, I shall read the other half of the replacement bill.

Now, some of you will say, AL, you read too fast; I didn't pick up all of that. So, for those who listen slowly, or those who may have missed it, I shall now read the replacement bill in its entirety. That's the replacement bill.

Here is the bill that we can read. I'm going to ask that I be allowed to place the replacement bill in the RECORD.

Mr. Speaker, I ask that persons consider the empirical evidence as well as the invisible evidence. When you weigh the empirical evidence against the invisible evidence, you decide whether we should vote to repeal.

Now, there may be some who contend, well, AL, really, I'd just like to go back to the way things were. Let's quickly go back to the way things were. Gladys Knight had a song titled, "The Way We Were."

Here is the way we were in 2009. In 2009, when we were considering replacement, we were spending \$2.5 trillion a year on health care. That's a big number. Hard to get your mind around it. That's \$79,000 a second. It was, at that time, 17.6 percent of the GDP.

We were spending \$100 billion a year on persons who were uninsured. It was projected that by 2018 we'd spend \$4.4 trillion, which would have been 20.3 percent of GDP, which is \$139,000 a second.

In my State of Texas we had 6 million people who were uninsured. In Harris County, where I have my congressional district, we had 1.1 million people who were uninsured. Twenty percent of the State's children were uninsured. Fifty million Americans were uninsured. 45,000 persons per year were dying because of a lack of insurance. That's one person every 12 minutes.

And if you don't like that, call Harvard. I got the statistics from Harvard. The system was not sustainable. This is why we embarked upon producing this bill.

So I beg that those who insisted that I read this bill before voting, please understand that before you vote, you ought to read this bill and compare the two.

□ 1100

COMMUTER SAVINGS ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from New York (Ms. HAYWORTH) for 5 minutes.

Ms. HAYWORTH. As a frequent rider and former commuter on New York's mass transit system, I know how important public transportation is.

Alone, the New York Metropolitan Transportation Authority, or MTA, transports more than 8.5 million commuters across metropolitan New York every day. In the district I'm privileged to serve—New York's 19th Congressional District—which includes Westchester, Orange, Rockland, Dutchess, and Putnam Counties, the MTA's 31 Metro-North Railroad stations serve 11,000 passengers every weekday.

Our Hudson Valley's mass transit commuters lost part of their recent tax credits for employer-provided mass transit benefits as of January 1 of this year. Commuters utilizing the mass transit portion have seen their credits drop from \$230 per month to \$125 per month, which means that their commuting costs have increased. In contrast, commuters utilizing the driving and parking benefits have seen an automatic increase from \$230 per month to \$240 per month, which is why I introduced the Commuter Savings Act on June 29.

This legislation would extend parity between the mass transit and parking portions of the transportation tax credit, which would increase mass transit benefits from \$125 per month to \$240 per month. Mass transit minimizes traffic congestion, reduces fuel consumption, and limits the wear and tear on our roads and bridges. It's really a great win for all of us even if we don't use mass transit. The Commuter Savings Act will directly help more than 70,000 of our Hudson Valley neighbors, and the bill is retroactive to January 1 of this year, which will provide mass transit commuters with a full 2 years of certainty in their mass transit benefits.

For the tens of thousands of Hudson Valley residents and millions of Americans across the country who rely on safe and affordable public transportation and for all of us who enjoy the benefits of those fellow Americans using mass transit, I urge my colleagues to join me and my fellow primary cosponsors, Representatives PETER KING and BOB DOLD, in giving our mass transit commuters a break in these tough economic times.

JULIE DOYLE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Minnesota (Mr. ELLISON) for 5 minutes.

Mr. ELLISON. I appreciate everything everyone has said in defense of the Affordable Care Act; but rather than striking a statistical position or coming up with basically what was pretty humorous and entertaining by my good friend from Texas—I really enjoyed his presentation—I just want to talk about a person.

This is the person I want to talk about. She is a young lady from my district in the prime of her youth. She is only 25. I would like to talk to you about her a little bit, Mr. Speaker.

Today, we are going to vote to repeal the Affordable Care Act for the 31st time. We are wasting 2 days debating a bill that has already passed the House and that has no chance in the Senate. Rather than spending our time creating jobs, we're spending it trying to take health care away from those who need it most. One of those people, Mr. Speaker, is an individual by the name of Julie Doyle.

This is Julie. Julie is 25, as I said. Her life has already been filled with numerous roadblocks. Julie had her first heart procedure at age 12; and for the last 13 years, her life has been filled with many ups and downs, including having lost her father when she was 15. Despite numerous health issues, Julie is still very active as the captain of her softball team, as the captain of her tennis team. She is a student council member and an active community volunteer. So as you can imagine, I think she is an amazing kid. Of course, she is not a kid—she is a young woman now—but she is still quite an amazing member of our community.

Like many young people her age, Julie is dreaming of going to college, of having a successful career. She wants to study business. Her efforts were derailed about 3 years ago when she started having multiple system disorders and started blacking out. There were days when she only had the energy to crawl from the bathroom. Concussions, bruises, broken teeth became routine. Just as her condition was becoming severe, her insurance was due to end. However, because of the Affordable Care Act provision allowing young adults to stay on their parents' plans until the young adults are aged 26, Julie was able to get the health care that she needed.

Now, for the people who think it's so clever, so smart, so funny to repeal the Affordable Care Act—I don't know what they think it is—I urge them to think about Julie. Julie is worth it.

OPPOSITION TO REPEALING THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. ROYBAL-ALLARD) for 5 minutes.

Ms. ROYBAL-ALLARD. Mr. Speaker, this is day 2 of the misguided Republican attempt to repeal the Affordable Care Act. We have been down this road 31 times with the same arguments and

the same often misleading rhetoric that does not reflect the true benefits of the Affordable Care Act.

Those who argue against it are not speaking for my 167,000 uninsured constituents who for the first time will receive health insurance coverage when the law is fully implemented. They are not speaking for the 7,000 young adults who can now stay on their parents' insurance plans until they are aged 26, or for the 510 small businesses in my district that are receiving tax credits to help maintain or expand health care coverage for their employees.

Colleagues who support the repeal of the Affordable Care Act are also disregarding the needs of minority communities in which millions suffer from persistent and life-shortening health disparities. In my largely Latino district, for example, thousands more of my constituents will have access to health care through the expansion of Medicaid, the creation of health insurance exchanges, and through the law's expansion of community health centers.

Mr. Speaker, my constituents do not want the Affordable Care Act repealed nor do the millions of Americans across our country for which the ACA has brought lifesaving benefits. This is most certainly true for women, seniors and people with disabilities.

Under the Affordable Care Act, being female can no longer be considered a preexisting condition. Women will no longer have to pay higher premiums than men, and prenatal care will finally be covered for all women in this country.

Never again will our sisters, mothers and daughters have to choose between a mammogram or putting food on the table because these lifesaving preventative health services will no longer require copayments.

As for seniors, last year, as a result of health reform, over 32 million of them received free preventative health services, and over 5 million seniors are saving close to \$4 billion on Medicare prescription drug costs as the doughnut hole closes.

Because Obama cares, our families and neighbors with disabilities will no longer live in fear of reaching lifetime limits on their insurance or of being excluded from coverage due to having preexisting conditions.

Mr. Speaker, the Affordable Care Act is already working for my constituents—for women, for minority communities, for seniors, and for people with disabilities. It is time for my Republican colleagues to listen to these Americans who do not want to lose their new health benefits. The Supreme Court has upheld the Affordable Care Act. Let's stop wasting time and taxpayers' money and find solutions to the other complex issues facing our country today.

OPPOSING THE REPEAL OF THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. BROWN) for 5 minutes.

Ms. BROWN of Florida. Mr. Speaker, the poor will always be with us, but our job is to help raise the standards. I've got to tell you, if it were not already invented, I would say this Congress invented the words the "do nothing Congress"—do nothing.

Today is the second day that we are debating the repeal of the Affordable Care Act. Let me be clear that not one single person who has come to this floor debating doing away with it doesn't have insurance, because we have the best insurance. In fact, my blood pressure is up, so I went downstairs. Because I have insurance, I was able to test my blood pressure and get some additional medication. In fact, later I was able to go to the dentist because I have insurance. Yet what we are debating is you at home not having health care, because we—everybody in this House, every Member who has come to this floor—has health care.

□ 1110

Every single President, since Theodore Franklin Roosevelt, for 75 years has tried to push some form of universal health care, and I want to thank President Barack Obama. They like to say "ObamaCare." I want to say, "President Barack Obama cares, and he was able to accomplish something." Let's be clear that the President proposes, and the Congress disposes. So it had to be the Congress. It was the Democratic Congress, the Democratic Senate, and the President that passed the bill.

Instead of discussing health care repeal, we should be debating VA construction. In my State as of July 1, the VA paid an additional \$500,000 to rent a portable operating room for a project that is 95 percent complete, but we haven't had a chance on the floor to take up VA construction. We have 31 times that we're taking up repealing health care. I visited that facility last month, and I found out that it would have been a health risk not to expand the program for the veterans in that area.

People often say, "What did the Democratic House, President, and Congress do?" We passed the largest VA budget in the history of the United States of America. We took care of the veterans. We had a far-reaching budget. We gave care to the caregivers of our veterans. It goes on and on.

I really do believe to whom God has given much, much is expected. He expects us to work to empower the American people with jobs and health care. Basically "do nothing" is the label of this Congress, the Do-Nothing Congress.

MMM, MMM BAD HEALTH CARE
POLICY

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. CROWLEY) for 2 minutes.

Mr. CROWLEY. Mr. Speaker, today, Republicans in the House will once again bring up a repeal of the Affordable Care Act.

We've seen a lot of repeal from them, but not as much with respect to their so-called plan to replace. I think I've figured out what the GOP wants to replace the Affordable Care Act with.

Here is what I assume must be the Republican plan for health care in our country: chicken noodle soup. Chicken noodle soup? Many of our mothers and grandmothers have told us that chicken noodle soup is a cure-all for anything, but I think the Republican plan takes Grandma at her word a little too literally.

Can't afford health care coverage and need medical care? Have some chicken noodle soup. Have you been diagnosed with a serious disease and can't afford the prescription drugs you need to treat it? Have some chicken noodle soup. At least you can rely on good old-fashioned chicken noodle soup. Have a preexisting condition like diabetes that lets your insurance company deny you coverage? That's okay. Have some chicken noodle soup and you'll feel better in the morning.

The truth is, it won't be all better in the morning. That's why we enacted the Affordable Care Act, to ensure that people could get the affordable, quality coverage they need; that seniors can afford their prescription medications; and that an insurance company can no longer deny you coverage because you have a preexisting condition.

I don't know why Republicans want to go back to the day when chicken noodle soup was the only option for hardworking families who couldn't afford care. The truth is, chicken noodle soup might be mmm, mmm good for lunch, but as a health care policy, it is mmm, mmm bad.

LET'S STOP THE POSTURING

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. LIPINSKI) for 3 minutes.

Mr. LIPINSKI. Mr. Speaker, we have heard hours of impassioned speeches on the repeal of the Affordable Care Act, most defending all or nothing, and pitting us against them. But the American people aren't interested in the politics. They want us to focus on what we can do moving forward to make good health care more affordable for them without breaking the bank.

I believe the ACA is flawed, and I parted ways with the majority of my Democratic colleagues in voting against it in 2010. As I said then, "The bill does not do enough to lower the skyrocketing costs of health care, cuts more than \$400 billion from Medicare, is not fiscally sustainable over the

long-term, and breaks with the status quo by allowing Federal funding for abortion and abortion coverage."

But we all agree there are good provisions. The bill expanded access to care and improved health insurance by doing things such as prohibiting discrimination based on preexisting conditions and extending family coverage to children up to the age of 26. Why, then, are we being asked to blindly throw out the good with the bad, or alternatively, to simply let the law stand with no changes at all?

A few months after I voted against the ACA, in a town hall meeting in Hickory Hills, I was asked by an opponent of the law if I would vote to repeal it. I said, "No. We need a fix, not a repeal that would take us back to the status quo." He said, "Okay. Repeal and replace. Keep the good parts, and make other necessary changes."

I agreed, and that's exactly what I have been working to do. I helped pass into law a bill to repeal the burdensome 1099 requirement for small businesses and helped introduce and pass legislation to repeal the ACA's CLASS Act program, which would have added tens of billions of dollars to the deficit. In addition, I worked to pass legislation to ensure that no taxpayer money is spent for abortion under the law, and I continue to fight against portions of the HHS mandate that violate Americans' religious liberty.

At the start of this Congress, I hoped we could work on major fixes to the health care law. Instead, a bill was brought to the floor in January 2011 which would have eliminated the entire law with no exceptions. I opposed that bill. I voted for a resolution instructing four House committees to develop replacement legislation. Yet, 18 months later, there still is no replacement. Instead, we're again voting on a repeal, period. And once again, we all know this bill will pass the House and die in the Senate.

A Chicago Tribune editorial recently stated: "If Democrats want to save the ambitions of this law, they're going to have to find a way to write a Truly Affordable Care Act." And the Tribune concluded that Republicans "ought to engage Democrats in a real effort to contain the costs before the law takes full effect in 2014." I wholeheartedly agree.

Let's stop the posturing, roll up our sleeves, and work to make health care more affordable for all Americans in a fiscally sound manner. That is what the American people want us to do. That is what we need to do.

REPEAL OF THE ACA

The SPEAKER pro tempore. The Chair recognizes the gentleman from Missouri (Mr. CLAY) for 3 minutes.

Mr. CLAY. Mr. Speaker, I cannot believe we are asked for a 31st time to repeal the Affordable Care Act.

This isn't just a policy issue. This is a moral test. This is one of the great

moral tests of our time. Those who vote to repeal the Affordable Care Act are failing that moral test. They are utterly failing that test.

Paying health insurance premiums and other health care bills has become very difficult for American families. Premiums have gone up each year and the cost of health care has escalated. Insurance companies have shifted costs to consumers through increases in deductibles and copayments and decreases in covered services. Low- and middle-income families need relief from skyrocketing health care costs.

The constitutional ACA provides real relief to American families. First, the Affordable Care Act provides direct financial relief to millions of insured American families that struggle to pay health insurance premiums today. The new law allows families to shop for a plan in new State insurance exchanges and allows them to receive a big discount on their premiums.

□ 1120

The ACA protects people from high deductibles, high copayments, and unexpected gaps in their insurance coverage in three ways. It eliminates lifetime and annual limits on how much an insurance plan will pay for covered benefits. That means payments won't suddenly run out. It caps how much a person must spend each year on deductibles and copayments for covered benefits. That means that families won't be forced to lose their homes because they get sick. And it provides additional help with out-of-pocket costs for lower-income families.

Second, the ACA expands the affordable insurance options to families who could not afford coverage before. Medicaid will now be available to families at or lower than the 133 percent of the Federal poverty level. For people with incomes above that level and up to 400 percent of poverty, new premium tax credits will help them afford coverage. Reducing the number of uninsured will help reduce the "hidden health tax" that is imposed on insured families. We all pay higher premiums to pay for the care of the uninsured.

Third, the Affordable Care Act will slow the growth of underlying health care costs and help all Americans.

As I have said on this floor before, the ACA is the greatest improvement in women's health in decades. Under the ACA, millions of women are gaining access to affordable health care coverage. Women will not have to pay more than men for the same insurance policy, and women will not be denied coverage because they are sick or have preexisting conditions. Women will be guaranteed preventive services, such as mammograms and cervical cancer screenings, with no deductibles or copays.

Senior women will have access to coordinated care.

Senior women will save thousands of dollars as reform closes the Medicare prescription drug coverage gap.

Family caregivers—who are typically women—will benefit from new supports that help them care for their loved ones while also taking care of themselves.

Mr. Speaker, as the great Progressive Hubert Humphrey said:

“The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life, the sick, the needy and the handicapped.”

By voting to repeal the ACA, my colleagues are failing that test, Mr. Speaker. They are failing that moral test.

DON'T LET BAD POLITICS DRIVE BAD POLICY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for 3 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, just to set the record straight, I'm a family physician and the first female doctor in the Congress.

Just less than 2 weeks ago, the Supreme Court issued a final ruling that the health care reform law is, in fact, constitutional. It is now the law of the land.

Despite this, today my colleagues on the other side of the aisle are revisiting old political battles instead of using the final weeks in this session to fully implement a current law that will protect the health of every American, instead of creating jobs during a time when unemployment is at a persistent high, instead of strengthening the American economy and ensuring that taxes on middle class families are not raised.

I have heard the scare tactics and spin that my colleagues are using to mislead the American public. The truth is this: repealing the health care reform bill would set this country back on a course no American—Republican or Democrat—wants to go back to.

With the list of horrible consequences, H.R. 6079 reads like a dishonor roll.

The Republicans' repeal of health care reform will raise taxes on 18 million middle-class people.

More than 6 million young adults will lose the option of being covered under their parents' health care plans.

More than 5 million seniors will pay more in prescription drugs, leaving many having to choose between paying their rent, food, or medicine.

129 million Americans, 17 million of whom are children with so-called pre-existing disease, which before health care reform included acne and pregnancy, may be denied health care coverage when they need it, and 33 million currently uninsured Americans will stay among the ranks of the uninsured.

More than 32 million seniors and 54 million other Americans will pay more for mammograms, colonoscopies, annual wellness exams, and other often lifesaving preventive care that detects cancers and diseases at their earliest stages when they are most treatable.

105 million Americans would again have lifetime limits on their health insurance, which often puts health care services out of reach when people need it the most. Also, 15 million Americans would be dropped from their insurance companies altogether.

Many of the provisions of the law may never get funded that would close the shameful gaps in health care that cause people of color, the poor of every race and ethnicity, even those who may be Republican or Tea Party, rural Americans and those who live in our Nation's territories, to die in excess numbers from preventable deaths and cost the country billions of dollars every year. There's nothing appropriate, just, fair, or worthy in this attempt to repeal the Affordable Care Act. It turns back progress. It closes a door to wellness that is now just being opened to over 30 million Americans. It sets this Nation on a path that is unhealthy and less financially secure, and it threatens our position of leadership in the world.

Even though we know this is just an empty exercise, that it's not going anywhere, we do have the opportunity to stand together and do the right thing to not let bad politics drive bad policy. When the bill comes up for a vote, vote “no” on H.R. 6079.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 11 o'clock and 25 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. MILLER of Michigan) at noon.

PRAYER

Rabbi David Algaze, Havurat Yisrael Synagogue, Forest Hills, New York, offered the following prayer:

God, from Whom all blessings flow, bless this assembly to steer this great Nation to the prominence You bestowed upon her; a land where even a humble bicycle messenger can soar to serve in this Hall, where every man has dignity and the capacity to prosper, where the ignorant can reach knowledge and the persecuted sanctuary. Move it from finiteness to infinity, from constriction to amplitude, from isolation to leadership, from cynicism to faith. Uphold its pre-eminence among the nations, for its message of freedom is beneficial to all men.

Let us pray for wisdom, not passion; for knowledge, not shallowness; for truth, not trend; for enduring amity to allies and steadfast stand against its foes.

Bring us the day when all men shall turn to one another in pleasantness, when they combine regardless of differences in a union under Your reign, as the prophet Zachariah proclaimed: “On that day, God shall be One, and His Name one.”

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Tennessee (Mr. COHEN) come forward and lead the House in the Pledge of Allegiance.

Mr. COHEN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING RABBI DAVID ALGAZE

The SPEAKER pro tempore. Without objection, the gentleman from New York (Mr. TURNER) is recognized for 1 minute.

There was no objection.

Mr. TURNER of New York. Madam Speaker, fellow Members, I am privileged to have had the honor of inviting Rabbi David Algaze here to lead us in the benediction. Rabbi Algaze serves as the senior rabbi of Havurat Yisrael Synagogue in Forest Hills, Queens, a position he has held since founding the congregation in 1981.

Rabbi Algaze has always held a commitment to academics both as a student and as a teacher. He holds multiple master's degrees and has served as a professor in all levels of academia. He is a former president of the Association of Sephardic Rabbis of America, and is the founder and president of the World Committee for the Land of Israel.

He has always been a strong advocate for the Jewish community in Queens and throughout New York. An ardent supporter of the State of Israel, Rabbi Algaze continues to fight to ensure its safety, security, and well-being. A prime example of these efforts is his work to educate the world about the current situation in Iran and the threat it poses to Israel and the United States.

A scholar, educator, and pillar of religious leadership in our community, he has been a terrific friend to me and has always been there for all those in need.

I thank you, Rabbi Algaze.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain 15 further requests

for 1-minute speeches on each side of the aisle.

RICE UNIVERSITY—HOUSTON,
TEXAS

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Madam Speaker, late one summer night a few years ago, I boarded a red-eye flight back to Houston. I saw college students on the plane, and I expected the worst. I was wrong, however. As soon as the plane took off, these athletes broke out their books, and they studied for the rest of the flight. I was impressed by this group of considerate, smart, focused, and driven student athletes. No surprise, they were the Owls baseball team from Rice University.

Rice was named after Massachusetts-born businessman William Marsh Rice, a transplanted Yankee who was successful in Houston, Texas. He chartered the Rice Institute. Today, Rice University is the home of 5,000 students. Its achievements make Houston proud—artificial heart research, structural chemical analysis, and space science, just to name a few. And the Rice Owls baseball team gives Houston a baseball team we can be proud of. And just yesterday, Rice was named one of the top 100 universities in the world by the Center for World University Rankings.

I want to congratulate Rice president, Dr. Leebron, his wonderful educators, and his students for an amazing 100 years of excellence and education.

And that's just the way it is.

STUDENT VETERANS ACADEMIC
COUNSELING ENHANCEMENT ACT

(Ms. CHU asked and was given permission to address the House for 1 minute.)

Ms. CHU. After returning from Iraq, John started college. He didn't pick a major right away, instead, exploring different subjects. But he struggled. It was hard for him to focus; and after what he had been through, he couldn't relate to his classmates. Soon, he had used up his GI Bill benefits and couldn't afford to graduate.

What John's story tells us is that even though we vigorously train our soldiers, we give veterans little guidance to succeed in school. So I'm introducing the Student Veterans Academic Counseling Enhancement Act, endorsed by the American Legion, the Iraq and Afghanistan Veterans of America, and the Veterans of Foreign Wars. This bill provides regular one-on-one academic counseling to GI Bill students no matter where they go to school, and it tracks veteran graduation rates to help ensure academic and career success. This Student Veterans Act will ensure taxpayer dollars are spent responsibly, while helping veterans graduate and get good jobs. We owe it to those who have sacrificed so much for us, our veterans.

REPEAL OF OBAMACARE ACT

(Mr. BENISHEK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BENISHEK. Madam Speaker, in upholding the President's health care law, the Supreme Court identified the law as a \$675 billion tax increase on America's working families and reminds us that we cannot depend on courts to fix the mistakes that Congress has made.

I know something about health care. I've been a doctor for 30 years taking care of patients in northern Michigan. I know the President's plan is not solving our health care problems. In fact, it's making them worse.

The law hurts seniors by cutting more than \$500 billion from Medicare. The law creates a board of 15 Washington bureaucrats to decide how to reduce Medicare costs. The law contains more than 13,000 pages of new regulations that will suffocate our small businesses.

The President's law never addressed rising health care costs. America has a great health care system, but the problem is it costs too much. I recommend we enact a step-by-step approach that lowers cost through free market competition and strengthens the doctor-patient relationship.

The American people have been clear—they don't like this terrible law. I urge all Members to support the Repeal of Obamacare Act, so we can scrap this law and work together on real health care reforms that actually lower costs and make health care more affordable.

LEADERSHIP ALLIANCE

(Mr. CICILLINE asked and was given permission to address the House for 1 minute.)

Mr. CICILLINE. Madam Speaker, I rise today to commemorate the 20th anniversary of the Leadership Alliance.

The Leadership Alliance, established by Brown University in 1992, is a national academic consortium of leading research universities and minority-serving institutions with the mission of developing underrepresented students into outstanding leaders and role models in academia, business, and the public sector.

Through an organized program of research, networking, and mentorship at critical transitions along the entire academic training pathway, the Leadership Alliance prepares young scientists and scholars for graduate training and professional apprenticeships.

To date, the consortium has mentored more than 2,600 undergraduates, including 33 Rhode Islanders. Brown University has mentored 386 Leadership Alliance participants, 35 percent of whom have received a graduate-level degree.

I am proud to stand in support of this initiative that identifies, trains, and

mentors talented underrepresented and underserved students.

I congratulate and commend the Leadership Alliance, including Brown University, for 20 years of mentoring a diverse and competitive research and scholarly workforce.

□ 1210

REPEAL OBAMACARE

(Ms. FOXX asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. FOXX. Madam Speaker, in 2009, President Obama rightly said, "The last thing you want to do is raise taxes in the middle of a recession." Yet the President's signature legislative achievement, ObamaCare, hinges on 21 separate tax increases, 12 of which hit the middle class.

ObamaCare and its taxes have already proved crushing to the economy, along with broken promises to spur job creation, reduce debt, cut premium costs, and allow patients to keep their coverage and physicians. Family premiums are up over \$1,000, 20 million people are at risk of losing the doctors they like, 48 percent of businesses aren't hiring to brace for rising health costs, and by 2021, the CBO estimates there will be 800,000 fewer jobs because of ObamaCare.

The job of Congress is not to defend failure. ObamaCare makes it harder for job creators to hire and fails in its most basic objectives. Thus, we have a duty to spare the American people from its \$1.76 trillion bill by fully repealing this legislation.

NOMINATION OF JOHN T.
FOWLKES, JR. TO THE FEDERAL
DISTRICT COURT OF WESTERN
TENNESSEE

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Madam Speaker, yesterday the United States Senate approved the nomination of President Obama, upon my recommendation, of John T. Fowlkes, Jr. to be the new Federal District Court Judge in the Western District of Tennessee. It was a moment of bipartisanship, where Senators McCONNELL and REID worked to get the nomination up, and my Republican Senators, CORKER and ALEXANDER, sponsored and supported that nomination.

Judge Fowlkes is an outstanding jurist and was an astounding attorney. He was a public defender, a State prosecutor, a Federal prosecutor, a chief administrative officer for our county government, and a current criminal court judge.

I empanelled a group of lawyers—bipartisan, just about every representation you can imagine—to advise me on the person to recommend. Everybody felt John Fowlkes had the temperament and disposition, judicial experience, and was the right person for the job.

I was proud to recommend him. I'm pleased the President nominated him. I'm thankful the Senate acted in a bipartisan way so we can work down our caseload. We need more judges, and the Senate needs to approve more.

THE WRONG PRESCRIPTION

(Mr. JOHNSON of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOHNSON of Ohio. Madam Speaker, we've long known that President Obama's takeover of our health care is bad medicine. And now that the Supreme Court has determined that it's one of the largest tax increases in American history, we've confirmed that it's bad policy.

As I travel up and down the Ohio River, I hear repeatedly that this disastrous law must be repealed and replaced with commonsense, patient-centered solutions that will grow our economy.

Today, the House will vote, once again, to repeal this law because it's full of broken promises covered up in empty political rhetoric.

President Obama promised us that this law would lower health care costs, but now we know it will cost more than double what was expected, almost \$2 trillion.

We were promised that the law would create jobs, but 40 percent of American businesses tell a different story.

And finally, we were promised that we'd be able to keep our doctors, but a recent survey says that 83 percent of doctors have considered quitting over the law.

Free market and patient-centered solutions are not only good policies, but they are also the correct medicines for health care reform, not President Obama's Big Government takeover.

TEXAS' DECISION NOT TO EXPAND MEDICAID AND THE VOTE TO REPEAL THE AFFORDABLE CARE ACT

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, by refusing to expand Medicaid to cover millions of sick, low-income adults, Texas Governor Rick Perry has joined the growing list of Republican Governors who have decided to put partisan politics before the health of their residents.

6.2 million Texans, including 1.2 million children, lack health insurance, the highest number of any State in the Nation. Medicaid expansion would drastically decrease Texas' uninsured rate from an astonishing 25 percent to just 9 percent.

Without the Affordable Care Act, millions of uninsured Americans will continue to seek primary care in our Nation's overcrowded emergency rooms, leaving taxpayers, property

owners, to foot the bill. As a nonpracticing registered nurse, I am all too familiar with this scenario, which has placed a tremendous burden on our Nation's hospital systems.

Madam Speaker, the highest court in the Nation has spoken, and it's time for us to move forward for the American people.

HONORING THE SERVICE OF SPECIALIST ANDREW SMITH

(Mr. FLEISCHMANN asked and was given permission to address the House for 1 minute.)

Mr. FLEISCHMANN. Madam Speaker, I rise to honor Specialist Andrew Smith of the United States Army's 82nd Airborne Division.

Andrew grew up in my hometown of Ooltewah, Tennessee, and enlisted in the Army after graduating from Lee University. On his first patrol in Kandahar, an IED detonated near him and he lost both of his legs.

I first met Andrew where he was recovering at Walter Reed, where I was impressed by his spirit, curiosity, and determination. His wife, Tori, was by his side the entire time and keeps a constant vigil. Andrew's mother has been active as well, ensuring he receives the best care possible.

A particularly touching tribute is an essay written by Andrew's sister, Katie. She writes:

He was aware of the risks that were involved in being a soldier, but he was so devoted to protecting our freedom that he was willing to sacrifice in a major way. Even though he is away from the war, he is still fighting.

Katie's essay reminds us that our freedom and safety depend on heroes like Andrew Smith who put their lives on the line to defend us. I am humbled to recognize Andrew, and I am pleased his family is able to join him here today in the House gallery.

I will submit Katie's essay for inclusion in the CONGRESSIONAL RECORD later. And I speak for all Americans when I say that we are forever grateful.

STOP THE POLITICAL THEATER

(Mr. DEFAZIO asked and was given permission to address the House for 1 minute.)

Mr. DEFAZIO. On January 19, 2011, the Republicans voted to repeal ObamaCare. Thirty other times on the floor since then, they have voted to repeal ObamaCare, or part of ObamaCare. And today, for the 31st time, they will vote to repeal ObamaCare.

How about doing something productive for the American people in terms of lowering health insurance and health care costs instead of your political theater here?

The Supreme Court has ruled. Let's roll up our sleeves and improve what is the law of the land.

I propose that today we should vote on my bipartisan amendment to take away the antitrust immunity of your

friends, the insurance industry, so they can't collude to drive up prices, they can't collude to restrict coverage and divide up markets and make it more expensive for all Americans. The Consumers Union says this would mean a 10 to 25 percent drop in everybody's health insurance in this country.

Let's do something real. Stop the political theater. Let's help the American people get affordable health care and health insurance.

REPEAL OBAMACARE

(Mr. MARCHANT asked and was given permission to address the House for 1 minute.)

Mr. MARCHANT. Madam Speaker, I rise today to support H.R. 6079. It hasn't taken very long for the weight of ObamaCare to become a significant drag on our economy and our family budgets.

Just 2 years since it was enacted, there are already 12,825 pages of ObamaCare-related regulations and notices published in the Federal Register. Nobody knows what the final number of regulations will be, and let's hope that we never find out.

It is this high level of uncertainty that is preventing many businesses in my district from hiring new workers and growing. This is particularly true among small businesses looking to expand. We must repeal this law now that is a disincentive for any small business to grow.

I urge my colleagues to join me in voting for repeal.

□ 1220

A DEMOCRACY ABOUT PEOPLE AND NOT DOLLARS

(Mr. HIMES asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HIMES. Madam Speaker, I rise this morning not to advocate a Democratic position nor to refute a Republican idea. Instead, I rise to highlight a fundamental threat to our ability to have that important debate. I refer, of course, to the hundreds of millions—indeed, billions—of dollars that will influence who comprises this otherwise democratic body, which may very well determine who occupies the Presidency next.

In each of our hearts, those of us in this Chamber called to represent people know that that cannot possibly be right. That is why I will cosponsor two possible constitutional amendments to reverse the damage of Citizens United—H.J. Res. 111 and H.J. Res. 78.

This should not be partisan. Today, it looks like the dollars are behind the Republicans; but tomorrow, that may be different. So let's join, let's stand together for our democracy and back a constitutional amendment to make our democracy about people, not about dollars.

THE CENTENNIAL CELEBRATION
OF RICE UNIVERSITY

(Mr. OLSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OLSON. Madam Speaker, I rise today to celebrate Rice University's centennial.

One hundred years ago, in Houston, Texas, the Rice Institute opened its doors to 48 male and 29 female students. Since that time, it has grown to be one of the most respected universities in all of the world.

World history has been made on Rice's campus. As all Texans know, in September of 1962, President John F. Kennedy stood in Rice stadium and committed a Nation, founded by explorers, to the greatest exploration in human history—a Moon landing. Space City USA was born at Rice.

I am a proud alumnus of Rice University, class of 1985, Jones College. What gives Rice such a special place in my heart is an uncommon feeling—a feeling of family and home—that transcends my 4 years on campus. It's a feeling you can see in this picture of my son, Grant, and me on campus this year.

Happy centennial, Rice. I can't wait for the next 100 years. Go Owls!

MONTROSE SEARCH AND RESCUE
TEAM

(Mr. SCHIFF asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHIFF. Madam Speaker, I rise today to honor the Montrose Search and Rescue team.

For over 65 years, Montrose Search and Rescue has been conducting lifesaving operations throughout the Angeles National Forest and the neighboring areas. These brave men and women have risked their own lives to rescue stranded hikers, victims of natural disasters, and anyone in need of assistance.

Two weeks ago, their heroism was on full display. The team spotted a little girl who was face down, drowning in a pool of running water in the forest. The 18-month-old girl was unconscious and had stopped breathing when they pulled her out of the water. Thanks to them, this little girl was brought back to life to the unimaginable relief and gratitude of her family.

That young girl, along with so many others, is alive today because of the heroic actions of the Montrose Search and Rescue team. They do all this for their community without asking anything in return, and their humbling dedication to service and their selfless desire to help those in need deserve our respect and gratitude.

So, today, I rise to say thank you, Montrose Search and Rescue, for the great work that you do and for the lives that you save through your efforts.

NATIONAL CANCER INSTITUTE
DESIGNATION FOR THE UNIVER-
SITY OF KANSAS

(Mr. YODER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. YODER. Madam Speaker, many of the smartest minds in America work tirelessly every day to discover a cure for cancer. I am happy to say we will soon take another step towards the ultimate goal of winning the battle against cancer, and it will happen right in the Kansas City community as the University of Kansas Cancer Center will soon receive a National Cancer Institute designation by the National Institutes of Health.

This NCI designation at the KU Cancer Center will affirm that the highest quality of cancer research will be conducted at the University of Kansas and that this research will directly lead to improved cancer care and lifesaving treatments across the country.

Madam Speaker, nearly 1.7 million Americans this year will be diagnosed with the horrible disease of cancer. It touches all of our lives personally, and we must remain committed as a Nation to ultimately winning this war against cancer. That's why I am proud today to stand in support of the University of Kansas' efforts in this battle and to congratulate all involved for this important milestone.

REPEALING THE AFFORDABLE
CARE ACT

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Madam Speaker, I rise today to urge my Republican colleagues to move beyond the attacks on health care for Americans and to move forward by getting our country back to work.

The majority thinks that it's a badge of honor to claim that it will have had 31 votes to repeal the Affordable Care Act. I completely disagree.

They will have voted 31 times to strip patients of basic protections. They will have voted 31 times to reverse the progress made by the Affordable Care Act, including protecting up to 17 million children who now have coverage even if they have preexisting conditions. In fact, the 31st vote that we will take is nothing more than a reaction to Chief Justice John Roberts' opinion that the law is constitutional. Yet the GOP continues to dispute this. Let's move on.

If they were serious, they would have presented us with a plan 31 votes ago to help us fix any flaws that this law may have. So I plead for the 31st time: let's get back to work.

GOVERNMENT TAKEOVER OF
HEALTH CARE IS NOT THE AN-
SWER

(Mr. BILIRAKIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BILIRAKIS. Madam Speaker, the sad reality in our country today is that Americans are faced with skyrocketing health care costs. Rather than address the situation, Democrats passed a \$1 trillion health care takeover that costs too much, taxes too much, and borrows too much.

Americans don't deserve this.

Americans deserve commonsense ideas, like medical liability reform, encouraging health savings accounts, strengthening association health plans, and allowing people to purchase health insurance across State lines—commonsense ideas. These reforms would make health care more affordable and accessible without passing on crushing debt to future generations.

Unlike the current health care law, which has raised taxes, cost jobs, and limited personal control of health care, Americans deserve meaningful and affordable health care reform that will lower costs, protect consumers, and increase accessibility while allowing Americans to control their own health care decisions. This misguided takeover of the health care system is not the answer.

THE CENTENNIAL CELEBRATION
OF RICE UNIVERSITY

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. I rise today to congratulate our hometown university, Rice University, for their 100-year celebration—a university known for advancing education in the arts, humanities, and sciences. It is a leading university, and it has been ranked among the top 20 universities in the United States by the U.S. News & World Report every year since the rankings began in 1983.

As a former member of the House Science Committee, I am reminded of their great work in nanotechnology, space, cellular technology, bioinformation in energy and health, and their collaboration with the Johnson Space Center. I am also delighted that they have decided in years past to eliminate the bar against African American students and to open the opportunities of a grand education to Latinos and African Americans and to young people who have a last name such as Qadeer.

They have a bright light in Dr. Roland Smith, who has led the effort in diversifying their campus, and I was delighted to go and join them in honoring the Honorable Barbara Jordan, one of my predecessors in the 18th Congressional District. They, of course, have a group of astute athletes who have made them proud, and they represent the diversity of America.

It is great to congratulate a university that understands its brilliance and its necessity in teaching the next generation of scientists, thinkers and humanitarians, and to also be called an excellent university.

Congratulations, Rice University, for your 100th year, for your service to this Nation, and for your reflection of the diversity of this great country.

□ 1230

RICE UNIVERSITY'S 100TH ANNIVERSARY

(Mr. CULBERSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CULBERSON. Madam Speaker, I have the singular privilege of representing Rice University, and I join my colleagues from Houston in recognizing and congratulating them on their 100th anniversary this year.

Rice has consistently been ranked as one of the Nation's greatest universities and recognized by U.S. News & World Report as among the Nation's top 20 universities. And they've consistently ranked in the top 50 universities in the world.

Rice University researchers are pioneers in a broad spectrum of fields, including space, energy, and my personal passion, nanotechnology. Nanotechnology is an absolute game-changer, revolutionizing everything that we will touch and see in the 21st century. Rice University is the birthplace of nanotechnology research.

Nanotechnology holds incredible potential for everything from curing cancer to improving the storage and transmission of electricity and moving electricity in ways that we cannot even imagine today, allowing us to miniaturize devices. Multistage nanoparticles will allow the delivery of cancer-curing drugs to individual structures within cells, allowing scientists to identify diseases at the cellular level, things that could not have been possible without the groundbreaking work at Rice University.

I congratulate them on their 100th anniversary today.

GET SOMETHING DONE

(Mr. BARBER asked and was given permission to address the House for 1 minute.)

Mr. BARBER. Madam Speaker, I rise today as the Member who most recently faced an electorate, and I have heard loud and clear that the people of southern Arizona elected me for the very same reason the people of every other district elect their representative, to stand up for them.

I wasn't here to vote on the Affordable Health Care Act when it passed, but I appreciate its benefits and that we must work to improve it. I rise today to speak against this repeal.

We should be here having a robust discussion about how to make this law

better. We should be acting to ensure that Medicare doesn't pay more for prescription drugs than the VA, and to keep rising insurance costs from hurting small businesses. We should be looking for ways to create jobs, to strengthen our middle class, to bolster our economy. We should rise above partisan bickering, move on, and get something done.

This repeal bill sends a message to American families that this body cares more about political grandstanding than improving their lives. Let's put aside this charade and do the work for which we were elected.

DRACONIAN CUTS

(Ms. LINDA T. SÁNCHEZ of California asked and was given permission to address the House for 1 minute.)

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker, the House farm bill calls for draconian cuts that hurt our most vulnerable Americans. I'll be blunt and just get straight to the point. The House-proposed cuts are completely unacceptable.

The SNAP program puts healthy food on the table for 46 million Americans every month. In my home State of California, close to 6½ million people struggle to put food on the table. An even worse statistic—and one that really breaks my heart: almost 2½ million children each year in California have had to go to bed hungry, and it's simply because their families couldn't afford food.

These proposed cuts to SNAP would quite literally take food out of the mouths of children. In my district, SNAP helps provide food for seniors, kids, veterans, and working families. About 20 percent of my constituents report that at some point last year, they couldn't buy food for themselves or their family. I don't understand why in good conscience Congress would ask millions of struggling Americans to go hungry in order to subsidize big agribusiness.

As a country, we cannot afford to turn our backs on those who need us most now.

DYSFUNCTIONAL POLITICS

(Mr. CARNAHAN asked and was given permission to address the House for 1 minute.)

Mr. CARNAHAN. Madam Speaker, yesterday, a Republican Representative from my State actually told the truth about the 31st attempt to repeal the new health care law. He told a St. Louis newspaper that today's vote is just because "we want to get people on the record." We've done that 30 times already.

The Affordable Care Act is the law of the land. It was passed by the Congress, signed by the President, and found constitutional by the U.S. Supreme Court.

This Republican health care repeal bill isn't about people. It's about more divisive, dysfunctional politics. They

know the repeal bill is pointless, and there is no way we're going backwards to the broken health care system of the past. Let's use the time to pass a jobs bill. Let's pass the middle class tax cut extension that we all agree with. Let's pass my bill that will protect veterans returning from war zones from the impacts of psychological damage.

Today, our troops are killing themselves at a rate of nearly one a day. They urgently need our help. Let's do something for them. Let's do something that actually matters to the American people. Let's put ourselves on record for the people, for jobs, rather than wasting time casting the same vote 30 times.

PROTECTING AMERICANS AND THEIR LOCAL BANK ACCOUNTS

(Ms. EDWARDS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS. Madam Speaker, on my way home from work, I stopped at the local grocery store, and I stopped at the bank. My bank is located conveniently between my grocery store and the gas station, only minutes from my home.

I thought about the last 4 years and the fights that Democrats in Congress are waging to make sure working families can see more money in their bank accounts. It's been tough, but we've had some successes: reducing out-of-pocket health care expenses with preventive care, closing the prescription drug doughnut hole, protecting consumers from overdraft and ATM fees, even getting the American auto industry back on track as a mainstay of American manufacturing.

But we have some important fights ahead us. We are fighting to keep in place critical middle class tax cuts. We know Americans can't afford those tax hikes. We know American seniors can't afford the drastic cuts in Medicare in the Republican Tea Party budget.

Democrats are focused on growing the economy, creating jobs, and ensuring that Americans see more money in our neighborhood bank accounts—not on some other shore, not in some other country, and not on some island. Republicans say they worry about the same things, but today they're repealing health care and protecting the interests of millionaires because they care more about those folks than they do about hardworking Americans and their local bank accounts.

SAY "NO" TO CUTS IN FOOD ASSISTANCE

(Mr. PETERS asked and was given permission to address the House for 1 minute.)

Mr. PETERS. Madam Speaker, I rise in opposition to the proposed \$16.5 billion in cuts to SNAP in the farm bill.

SNAP is the most important antihunger program in the Nation,

helping more than 46 million Americans put food on the table every day. Far too many hardworking Michiganders are struggling to feed their children. Nearly one in five Michigan households face food insecurity each and every day.

Having met with many of the good folks working in our food banks, they're already stretched too thin. I'm appalled that Republicans think that it's a good idea to kick millions of children, seniors, and families off of food assistance so they can provide massive, taxpayer-funded subsidies for wealthy agribusinesses.

I call on my Republican colleagues to join me and stand up for those who are most vulnerable in our society. We need to send a clear message that we will never vote to take food away from hungry children. No one in our country should go hungry.

I urge my colleagues to say "no" to cuts in food assistance.

THE WORST IS YET TO COME

(Ms. NORTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. NORTON. Madam Speaker, Republican attacks on lifesaving access to contraceptives in the health care act is one in a series on women's reproductive health this term. The worst is yet to come in the planned markup of H.R. 3803, to ban abortions after 20 weeks. Cloaked as a restriction on D.C. women, the bill merely uses them for a frontal attack on *Roe v. Wade* that guarantees abortion rights until viability, as determined by a physician.

The Franks bill picks on D.C. women because anti-choice opponents lack the courage of their own convictions, or they would have made the 20-week abortion ban a nationwide bill. That, of course, would bring on the wrath of the American people who support choice. Judging by their reaction even before markup, women see through the cynicism and are poised to protect their constitutional rights.

□ 1240

PROVIDING FOR CONSIDERATION OF H.R. 4402, NATIONAL STRATEGIC AND CRITICAL MINERALS PRODUCTION ACT OF 2012

Mr. BISHOP of Utah. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 726 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 726

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 4402) to require the Secretary of the Interior and the

Secretary of Agriculture to more efficiently develop domestic sources of the minerals and mineral materials of strategic and critical importance to United States economic and national security and manufacturing competitiveness. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendment in the nature of a substitute recommended by the Committee on Natural Resources now printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112-26. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Utah is recognized for 1 hour.

Mr. BISHOP of Utah. Madam Speaker, for the purposes of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BISHOP of Utah. I ask that all Members have 5 legislative days during which they may revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Utah?

There was no objection.

Mr. BISHOP of Utah. This resolution provides for a structured rule for consideration of H.R. 4402, which is the National Strategic and Critical Minerals Production Act, and provides for 1 hour of general debate, equally divided and controlled by the chairman and ranking minority member of the Committee on Natural Resources, and makes in

order seven specific amendments out of ten which were filed at the Rules Committee. Five of the seven are Democratic amendments and two are Republican. So this is a fair and generous rule and will provide for a balanced and open debate on the merits of this important piece of legislation.

Madam Speaker, I am pleased to stand before the House today in support of this rule, and especially the underlying legislation, which is H.R. 4402, the National Strategic and Critical Minerals Production Act of 2012.

I appreciate the hard work of the bill's chief sponsor, the gentleman from Nevada (Mr. AMODEI), who understands this situation very well and has put a great deal of time and effort into coming up with a rational and legitimate solution to a problem which we face. Mr. AMODEI, as well as the chairman of the Natural Resources Committee, the gentleman from Washington (Mr. HASTINGS), are to be commended in forwarding this bill to the full House for our consideration today.

Our Nation has been blessed with tremendous natural resources, and over the last century these abundant resources are one of the key reasons that has allowed our Nation to emerge as a leading world economic and industrial power. In many aspects, we have only scratched the surface with regard to the development of these abundant natural resources, whether it be in energy, such as coal or oil shale or natural gas deposits, or whether it be in various natural minerals.

One of the cornerstones of manufacturing in the United States includes the access to a stable and steady supply of these types of resources. Unfortunately, in recent decades, much of the development and mining of these domestic mineral resources has been hampered or shut down entirely by a combination of special-interest politics by certain self-appointed environmental groups and by bureaucratic red tape here in Washington. Often these two factors seem to go hand in hand, particularly under the current administration.

We have all felt the pain of seeing what these failed policies have done to energy production in our country. We are more dependent than ever on foreign sources, increasing our trade imbalance, sending our dollars overseas, often to areas of the world that do not have our best interests at heart. It has led to escalating gas prices and escalating price spikes for energy and other commodities, and has made our economy more vulnerable to external international forces largely beyond our immediate control. These failed policies have also led to job losses in the United States in the energy and mining sector, which historically and ironically have been some of the highest paying jobs that middle class work has available.

The bureaucratic delays and regulations regarding the mining of strategic and critical minerals is the exact same

thing. By their very nature, these minerals are absolutely essential to manufacturing in electronics, metal alloys, ceramics, glass, magnets, and catalysts used in countless commercial and, especially, defense applications.

Procurement of certain strategic and critical minerals is so crucial that the Department of Defense and the Defense Logistics Agency manage stockpiles of such materials which are deemed so critical that an adequate supply must be maintained at all times to ensure national military preparedness and readiness.

More and more, we have seen that these materials are unfortunately being purchased from overseas and not from U.S. producers, making us wholly dependent upon other countries to ensure our own national security. Critical weapons systems, such as night vision equipment, advanced lasers, avionics, fighter jet canopies, missile guidance systems, and many, many others could not be built without these rare Earth minerals.

The primary duty of Congress under the Constitution is to provide for the common defense. This bill takes us in the right direction for helping to restore U.S. domestic production of critical and strategic minerals by facilitating a more timely permitting process review for mineral exploration projects and to ensure that such essential mineral mining projects are not delayed unnecessarily by frivolous litigation.

Let me be clear, this bill does not predetermine the outcome of agency review of such permit applications. It merely brings clarity to the process and ensures that the appropriate agencies will not unreasonably delay consideration but will, at the conclusion of 30 months, issue either a “yes” or “no” decision based on the merits of each individual application.

This bill will also help cut the flow of frivolous lawsuits, which are often filed simply as delay tactics.

It’s a good bill. It’s a fair rule and a good underlying bill, and I urge its adoption.

I reserve the balance of my time.

□ 1250

Mr. POLIS. I thank the gentleman from Utah for yielding me the customary 30 minutes. I yield myself such time as I may consume.

Madam Speaker, I rise in opposition to the rule and the underlying bill, H.R. 4402, the National Strategic and Critical Minerals Production Act. Much of what the gentleman from Utah said I agree with in terms of the strategic need for critical minerals for our industrial and military production. However, that’s only a teeny part of what this bill does.

Now my colleague, Mr. TONKO, offers an amendment that would in fact limit this bill, the National Strategic and Critical Minerals Production. In addition, it’s my understanding that bipartisan legislation has emerged from the

Natural Resources Committee that would address the strategic need for critical minerals. However, that is not the bill that is being brought forth under this rule. Instead, we essentially have yet another rollback of public health, of water and environmental protections for the mining industry, which is our Nation’s top toxic polluter.

So I’m very disappointed that the House majority has chosen to bring forward this bill instead of the bipartisan bill that passed committee. It shuts out several sensible amendments that have been offered by Democratic Members. And the underlying legislation doesn’t limit itself to strategic and critical minerals. In fact, it’s so broad that, despite the bill’s title, it would expand mining companies’ ability to mine on public land for nearly all minerals, including plentiful minerals like sand and clay and even coal. So this really is not a discussion of strategic and critical minerals if we’re talking about sand and clay.

In fact, yesterday, in our Rules Committee, Chairman HASTINGS admitted during the Rules Committee hearing when questioned by Mr. MCGOVERN that this bill applies to a lot more than strategic and critical minerals. In fact, Chairman HASTINGS, when asked on this issue, said:

We talk about a form of minerals as being rare Earth. There’s no question they are rare. But to say that some minerals aren’t critical to our well-being I think defies logic.

Chairman HASTINGS went on to cite the use of sand and gravel to build our interstate system as an example of a critical use.

A lot of what the gentleman from Utah said is true and is important. However, when we’re talking about sand and gravel, they don’t fit the commonsense definition of the Strategic and Critical Minerals Production Act that were cited by the gentleman of being of national importance.

So the chairman of the committee has made clear this bill isn’t about rare Earth minerals at all. It’s not the kind of bipartisan bill that’s targeting critical resources. Rather, it’s about giving mining companies a blank check to take anything they want out of the ground anywhere, anytime.

Under the bill, the mining sponsor is handed control over the timing of the permitting decision, irrespective of the project’s impacts on natural, cultural, historic resources, its local impact, taking into account the effect on the economies of our counties, and jobs. Rather, it gives the mining companies a blank check. It permits nearly all mining operations to circumvent meaningful public health and environmental review processes. And when you consider the large and complex mining operations covered under this bill, it’s even more inappropriate to reduce or eliminate the public comment or review process because of the sheer size of some of these projects.

The actual harm that this legislation would produce is far-reaching. As draft-

ed, the legislation threatens to increase pollution of water in our Western United States. For States already dealing with the extreme drought conditions like my home State of Colorado, also the site of several deadly fires, the last thing we need is to jeopardize our already scarce water resources. We can’t afford to affect our water quality and quantity with additional mining operations without understanding their impacts on our water supplies.

Democrats and Republicans agree that we should be crafting a strategy to develop our rare Earth and other critical minerals. In fact, a year ago in this very same Congress the Natural Resources Committee marked up H.R. 2011, a bill supported by the National Mining Association and a bill that had strong bipartisan support that would help develop our rare Earth and other critical minerals. So why aren’t we considering that bill on the floor today? Instead, we’re considering an ideological bill that will go nowhere and has a statement of opposition from the President as well.

Why the House majority sees a need for this legislation to promote mining is somewhat mystifying, considering that under President Obama’s administration the average time it takes to approve a plan of operation for a mine has decreased substantially. According to BLM data, plans of operation for hardrock mines are being approved 17 percent more quickly under the Obama administration than the Bush administration. Eighty-two percent of plans of operation were approved within 3 years under the Obama administration. According to the BLM, it takes, on average, 4 years to approve a mining plan of operations for a large mine—more than a thousand-acre mine—on public lands. There’s a lot of issues—county issues, civic issues, economic issues—around a thousand-acre mine. And there needs to be a thoughtful process about how it affects communities where it is located and how it affects air and water.

Mining companies already extract billions of dollars of minerals from our public lands. This bill would continue to line the pockets of an industry that already has significant profit margins, and actually this bill jeopardizes jobs and our economic recovery by failing to take into account the local economic impact of mines—and not mining for strategic and critical mineral production but mining for nearly everything under the sun, including clay and gravel, again.

So I think, again, while we can be grateful that President Obama has accelerated the approval process, there’s certainly work to continue. I urge my colleagues to bring forth a bipartisan bill that would specifically look at real strategic and critical minerals. But this bill and this rule are unduly restrictive, and I encourage my colleagues to vote “no.” I reserve the balance of my time.

Mr. BISHOP of Utah. I am pleased to yield 2 minutes to the gentleman from New Mexico (Mr. PEARCE), who understands this issue very directly with his experience both on the Resources Committee as well as in his home State of New Mexico.

Mr. PEARCE. I appreciate the gentleman yielding.

I rise today in support of the rule for H.R. 4402, the National Strategic and Critical Minerals Production Act. The gentleman from Utah has stated it right: It's a fair rule, it's a good bill. All it does is simply defines a critical mineral as any related to national security or the Nation's energy infrastructure. That clarity is needed. But additionally, it affects one thing that the people are constantly clamoring about in my particular district: Where are the jobs?

This bill understands what the President began to hint at in his March 22, 2012, executive order. The President in that executive order said:

Our Federal permitting and reviews processes must provide a transparent, consistent, and predictable path for both project sponsors and affected communities. They must ensure that agencies set and adhere to timelines and schedules for completion of reviews, set clear permitting performance goals, and track progress against these goals.

The President has moved toward the problem that we see in this country—that many of our mines are moving outside this Nation. New Mexico used to be the home for 11 rare Earth mineral mines. Today, it's the home of zero. Those mines have relocated over in China.

As we look at the rare Earth minerals, those are strategically important. That's one thing that this bill attempts to get at—the definitions that will really give teeth to the President's executive order from March 22.

People in New Mexico constantly ask: Why don't the two parties work together? I think there are many opportunities for the parties to work together. The President has begun the process, and we're simply adding the reverse piece to it that would make it a completed argument. The President has said in the past, for instance, that we're not working together, and he has stated in both the last two States of the Union that we must reform corporate taxes.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BISHOP of Utah. I yield the gentleman an additional 1 minute.

Mr. PEARCE. I requested the President work with us to affect those taxes. Let's lower those corporate taxes. Let's get companies back here. But the President has at this point kept those discussions at arm's length. This bill is simply another attempt to reach out to the President and say we all want to create jobs. We want commonsense solutions to the problems that we face. Work with us to define the strategic and critical minerals. And let's do it in this act.

So I think it's something that the President should be reaching out to this body and saying, "Yes, good, go." I would thank the sponsor for bringing the bill. Let's work together to create jobs and get those mining industries back here in America.

□ 1300

Mr. POLIS. Madam Speaker, I would like to yield 4 minutes to the gentleman from Massachusetts, the distinguished ranking member of the Committee on Natural Resources, Mr. MARKEY.

Mr. MARKEY. I thank the gentleman from Colorado.

We are just hours removed from House Republicans' voting to take away health care for 30 million Americans and put the insurance companies back in charge of our health care system. And it's back to business as usual for the GOP-controlled House.

Yes, it's time to get back to more giveaways to the Nation's wealthiest companies. Because when House Republicans aren't voting to take away health care from ordinary Americans, from poor Americans, they're voting for "wealth care" for the most profitable industries in the history of the United States of America. In fact, the majority continues to bring largely the same legislation to the floor over and over again, only the name of the industry reaping the windfall changes.

Two weeks ago, the Republican majority voted to give away nearly all of our onshore public lands to the oil and gas industry. The majority has passed bills to put rigs off our beaches in California, off our beaches in Florida, and off our beaches in New Jersey without passing any new safety requirements after the BP oil spill just 2 years ago. They have passed legislation to allow old-growth forests to be clear-cut and to hand over land to a multinational mining company without protecting Native American sacred sites or local water quality.

In fact, this Republican majority has cast so many votes to give away our public lands to the oil, the gas, the mining, and the timber industries, it's almost hard to remember which industry is getting a special giveaway each week.

So I have a suggestion that I think could help everyone out there keep track. Each week, we can consult this handy-dandy chart, the "GOP Wheel of Giveaways," to figure out which industries are going to get their turn benefiting from handouts from my colleagues on the other side of the aisle on the same day they're going to take away health benefits from the poor, the sick, the elderly, and ordinary families in America.

Let's see who the big winners are on the House floor today as they take away the health care benefits for ordinary people. Let's give it a spin here. Let's see what happens as we look at what is happening out there in this great land of ours this week.

This week, it's the mining industry, ladies and gentlemen. Come on down. You are this week's big winner in the GOP giveaway game. The mining industry is the big winner on this giveaway show here today on the House floor. That's because the bill that the majority is bringing to the floor tomorrow, despite being entitled the National Strategic and Critical Minerals Act, has absolutely nothing to do with developing these minerals. In fact, this bill is all about gutting the environmental safeguards and the proper review of large mining projects on public lands for virtually all minerals, including coal.

Under this legislation, sand apparently could be considered as rare. Gravel could be a critical mineral. Crushed stone or clay could be a strategic resource. Even abundant minerals like gold, silver, or copper could potentially qualify as a rare Earth product under this bill and have lower environmental standards as a result in drilling for them that would endanger ordinary families again and their health. But of course they would never provide any health care benefits for them because that's the other bill we're going to be having out here on the House floor and gutting here today.

Indeed, the only rarities created under the Republican bill would be environmental protections or public input.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. I yield the gentleman an additional 1 minute.

Mr. MARKEY. And while this bill provides new giveaways to large multinational mining companies, it does nothing to change the Mining Law of 1872—1872, ladies and gentlemen—which allows mining companies to pull taxpayer-owned hard rock minerals out of our public lands without giving Americans a fair payment. In fact, under the 140-year-old law, mining companies can extract gold, silver, uranium, copper, and other hard rock minerals without paying taxpayers one cent in royalties for the minerals on the public lands of the United States of America. This law isn't just outdated, it's outrageous.

These are the same people here who are saying we can't afford to pass the law which protects against preexisting conditions in health care of ordinary Americans. These are the people here saying we can't pass a bill to protect against discrimination against women in our society.

The SPEAKER pro tempore. The time of the gentleman has again expired.

Mr. POLIS. I yield the gentleman an additional 30 seconds.

Mr. MARKEY. This law isn't jut outdated, it is outrageous.

On the game show "The Price is Right," a \$1 bid is strategic. But under the Republican giveaway game show, it is an actual price that these huge industries can continue paying for the rights to our public lands. The Republicans want to continue giving away

grazing rights for a little more than \$1 per acre and allow oil companies to warehouse public lands for \$1.50 an acre.

And after more than 250 votes against the environment and more than 110 votes to benefit the oil and gas industries, the American people are going to look at the record of this Republican majority and say, "No deal."

I urge a "no" vote on the Republican proposal.

Mr. BISHOP of Utah. Madam Speaker, if the gentleman would stay here a second, I understand from the Congressional Quarterly that it is your birthday today. In which case, to the gentleman from Massachusetts, I wish you a happy birthday.

I appreciate the visual that you had. Unfortunately, as you tried to spin it, we realized it didn't work. So hopefully that is for your birthday party because nothing else works. But I appreciate and I wish you a happy birthday.

I yield the gentleman from Massachusetts 30 seconds.

Mr. MARKEY. I thank the gentleman.

And if it were possible to retard the aging process, that would be something that I think all of us could agree upon. But in the absence of that breakthrough medically, I thank the gentleman for his bipartisan wishes of a happy birthday.

Mr. BISHOP of Utah. And as someone with whiter hair than you have, I understand what you're talking about.

I yield 3 minutes to the gentleman from California (Mr. ROHRBACHER), who does indeed have some of these industries in his district and understands full well what this bill is actually attempting to accomplish.

Mr. ROHRBACHER. I rise in support of the rule and rise in support of H.R. 4402.

Tomorrow, we will be considering H.R. 4402, that takes significant steps towards making much-needed reforms to our Nation's mineral exploration and mineral permitting process. H.R. 4402 will force the hands of unyielding bureaucrats who seem intent on obstructing any and all mining, despite the detrimental effects that their actions have on the American people.

At a time when China threatens to hamstring our military capabilities and cripple American health care, telecommunications, and renewable energy markets by controlling or reducing our access to rare Earth minerals, we must take responsible action to ensure our access to minerals that are vital to our prosperity and security. In short, the timely licensing of mineral applications is critical to our Nation's survival and to preserving the American way of life, which is opportunity for all to live a decent life.

While investigating this issue, the Natural Resources Committee found that it often takes over 10 years for agencies to license mineral projects. This is simply unacceptable. But the forces that arrogantly stand in the way

of these permits should be of no surprise to us. They are the same gang who routinely stand in the way of technological and scientific advancement. That's right, extreme environmentalists—I remember Ronald Reagan said that some of these people would rather live in a bird nest—some of whom are Federal bureaucrats and some of them, of course, belong to activist organizations that seem to sue for sport and constantly stand in the way of any development of natural resources that were put here by God not to be sitting in the ground, but to help ordinary people live well.

□ 1310

The people who are stopping us from getting those minerals are standing in the way of ordinary people having a decent life, which is so important and we're so proud of here, that every American should have those opportunities.

This mindset that puts the well-being of insects above the health, safety, and quality of life of human beings has contributed to the 8.2 percent unemployment rate—and that's a low figure, as far as I'm concerned. The real unemployment is far beyond that. But the restrictions that we've had on our people that would like to use these natural resources for the well-being of our people has contributed to that unemployment.

Fortunately, however, we are here today to say that we've had enough.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BISHOP of Utah. I yield the gentleman an additional minute.

Mr. ROHRBACHER. I would say that luckily we are coming to our senses and having courage enough to stand up to this obstructionism by setting reasonable time limits for litigation and by setting a total review process for the issuing of permits to 30 months; 30 months is a very reasonable time.

The reforms that we put in place will ensure that American mineral mining projects are not indefinitely delayed by frivolous lawsuits or by unwilling bureaucrats, or by activists who, as I say, care more about the habitat of insects and lizards than they do about the well-being of the American people.

I come from California. I am a surfer, and I am in the water a lot—anytime I can get out there. We have had offshore oil and gas reserves in the hundreds of billions of dollars available to us, but denied the people of California. Even as we cut the programs that our seniors and our children need, these radicals will not let us get to those oil and natural gas resources. That is a sin against those older people in California and the young people.

We need to clean up that situation. Whose side are we on? We're on the side of ordinary Americans leading a decent life, and that's what this bill is all about.

Mr. POLIS. Well, in briefly addressing the gentleman from California, I

would encourage him to support President Obama's proven track record of success in accelerating the access to public lands, a 17 percent improvement in speed of access over the Bush administration.

With that, I yield 2 minutes to the gentleman from New York (Mr. TONKO).

Mr. TONKO. I thank the gentleman from Colorado.

I rise in opposition to this rule. There is no reason we could not have an open rule on this legislation—well, unless there are amendments the majority does not want the Members to vote on. Obviously, my colleague, Representative HOLT, has offered one such amendment. The Rules Committee did not make his amendment to require companies that earn a profit mining on public lands to disclose their public donations in order. Why not? Vast amounts of secret money are ruining our democracy.

It is the ultimate irony that free speech now has such a high cost. Our democracy has truly become the best that secret money can buy. That's not good news for the average voters who do not have tens of thousands of dollars to shower on their preferred candidates.

Representative HOLT's amendment would shine some light on this practice and ensure that the entities profiting from public resources are accountable to the electorate. The public, I believe, has a right to know, a right to know who is funding our elections. Apparently, under this rule, they don't even have the right to know where Members of this House stand on this issue.

Mr. BISHOP of Utah. Could I inquire of the gentleman from Colorado how many additional speakers he has.

Mr. POLIS. We have one remaining speaker at this point. We might have one other, but we have one currently here.

Mr. BISHOP of Utah. Then, Madam Speaker, let me yield myself just 1 minute.

To try and put things in parameter of what we're actually doing in this bill, in the sixties to the eighties, the United States was actually the leader in the production of most of these minerals. Today, 97 percent of the rare Earth oil, or 97 percent of the rare Earth oxide, 89 percent of the rare Earth alloy, 75 percent of—I can't pronounce the words—and 60 percent of the small cobalt magnets all come from China. We have lost that to them. The reason for doing that is actually part of bureaucratic delay.

Once again, unlike a lot of comments that have been made about this bill, it doesn't pick winners or losers. It doesn't even change the process. All it does is tell the bureaucracy in Washington to do it, to do it within 30 days, making sure that we have now sped up the process so that we now can do something. Instead of in 7 years, in 4 years, does not help reality. That's the point of this bill. It has nothing to do with other issues. It's only trying to

get the process to be sped up so decisions are made in a timely fashion.

With that, I reserve the balance of my time.

Mr. POLIS. Madam Speaker, it's my honor to yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. I thank the gentleman.

Frankly, I would say to my good friend on the other side of the aisle that there probably could be, in many instances, common ground about the exporting of mineral exploration. Many of us would look to this as a positive strategy for creating jobs.

I think it is important to say to my friends that, in fact, this bill is not even coming to the floor of the House today. It is not even going to be debated today. So that is one fracture, if we talk about creating jobs.

But another fracture is, of course, that we are substituting this legislation—that might, if it was bipartisan, be able to move forward on creating jobs—for wasting time and casting votes and debating on the Affordable Care Act, an act that has already proven that it has saved lives, provided coverage for small businesses; exempted businesses under 50 persons, allowing them to have insurance; closed the doughnut hole on the prescription drug benefit; and saved billions of dollars.

Here in this legislation, of course, one of the challenges that I have is that even though one would call this a bureaucracy, in actuality it is expediting and overlooking the National Environmental Policy Act, and therefore expediting necessary environmental review. It is being called an "infrastructure project" for purposes of the executive order entitled Improving Performance of Federal Permitting that was designed to reduce permitting time. But more importantly, there are environmental impacts that should be considered.

There is no opposition to creating jobs. There is no opposition to the value of our minerals. But I do believe there is opposition to expediting the process and excluding an environmental review and, more importantly, limiting this debate—that might create jobs, might have opportunities for more amendments, might have more time on the floor—by what we're going to do today, which is frivolity, again, for those of us who believe that we can come together in a bipartisan way to work on the underlying premise of the Affordable Care Act of saving lives, expanding opportunities, and adhering to the Supreme Court's decision that this is the right law of the land that works for all people.

I'd ask my colleagues on the underlying rule to oppose it, and maybe we can get down to the work of the people of the United States of America.

Mr. BISHOP of Utah. Madam Speaker, I am happy to yield 5 minutes to the sponsor of this particular piece of legislation, who will do a couple of things, I hope, as he gets up there. One,

he will remind us all that no environmental laws are waived by this process; it's about timing. And, number two, he will clarify that when I said 30 days, I meant 30 months. That's why I don't talk well without a script in front of me.

I yield 5 minutes to the gentleman from Nevada (Mr. AMODEI), who has clearly understood this issue and put it together.

Mr. AMODEI. I thank my colleague from the Beehive State.

I want to start out with, obviously, support for the rule. I think the rule is very open in the context of the legislation.

For those that haven't reviewed the legislation, it's about 11½ pages long. It's available out here; it's available online. I recommend you to do it. Because when we talk about what it really does, it's not a wheel of giveaways. When you talk about strategic and critical minerals, here are some words from the bill: "Strategic and critical minerals means minerals that are necessary."

Here's some thoughts to ponder: national defense and national security. Now, do you know what those minerals were 10 years ago, and do you know what they're going to be 10 years from now? It's not meant to be as specific—and my colleague from Colorado is absolutely right, these are broad definitions because, you know what, we don't do this every day. We're not going to check this every year and spend time like this on it. So when you talk about some flexibility there, it's not an accident; it's supposed to be broad.

Here's another thing: strategic and critical. How about the Nation's energy infrastructure? Kind of important if you care about things like energy, regardless of what side of the fence you're on.

A couple other things. Strategic and critical, those minerals, to—here it is out of the bill—support domestic manufacturing. Oh, my goodness. How about support agriculture? Don't care about that.

□ 1320

How about support housing, telecommunications? There was a mention of health care. Are those strategic and critical for the lifestyle or the health and welfare of this Nation?

Strategic and critical. Transportation infrastructure. Oh, and the last couple of things, the Nation's economic security and balance of trade. God forbid that we think about those things when we talk about the minerals industry. Are those broad? They absolutely are.

But here's the part that nobody mentions. There is nothing in those 11½ pages that say that a Federal land manager can't, in response to an application, say, my first finding is that it is not a critical and strategic mineral.

So if somebody comes in for sand and gravel, and it's not that important, then guess what? Under the regulations

that the Department of Agriculture and the Department of the Interior are doing, I assume they'll give them the ability to make that finding. And if somebody doesn't like it, under this bill they've got 60 days to sue them on it. But we don't want you to know that because we're going to spin wheels and talk about the giveaway of the day.

By the way, while we're giving stuff away, please show me in the bill where it says that you get a certain result?

And when we talk about reducing the time, this says, both sides can execute agreements that say 30 months. Okay? Guess what? It also says, oh, by the way, if both sides agree, you can extend the 30 months. Now, for those who are familiar with the process and how that works, tell me how an applicant is benefited by a nice, crisp 30-month "no."

So if there's an issue about water quality, or there's an issue about anything that is being talked about—oh, and can I see the repeal sections on NEPA? I don't see that language in here.

You know, I don't envy Federal land use managers. It's a tough job. And when you look at this, see the red? That's federally-owned property. This is to talk about the time it takes to process a permit request to mine on federally-owned property.

So, with all due respect, and plenty of respect for my colleague from Colorado, who's in this, knows it, 36 percent of his State is federally owned, no disrespect to the birthday boy who's somewhere south of 1 percent.

When you talk about economic development, regardless of whether you're riding an elephant or a donkey, guess what? This complicates it. So, when you talk to those Federal land use managers locally and you talk about things, just a couple more things here, because we can't have this. I mean, this is awful stuff. If we talk about enhanced government coordination, permitting review, engage other agencies and stakeholders early in the process, coordinate and consult with project proponents and opponents. I mean, I'm sorry.

And by the way, where's the part in the NEPA bill that was enacted in 1969 that said what we're really trying to do here is see how long you can wait with that application pending?

So guess what? If you get a "no," you get it in 30 months. Or if there are legitimate issues that aren't taken care of in 30 months, why wouldn't you, as an applicant, say, you know what? We'll execute something, as provided in this bill, to say you get six more months. Going off to court is not the optimal thing for anybody.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BISHOP of Utah. I yield the gentleman an additional 30 seconds.

Mr. AMODEI. We talk about additional giveaways or whatever. Nobody gets anything out of this other than they get a time certain in the review

process. And if there's more time needed, then guess what? It provides for that.

What's the idea here? Collaboration between Federal land managers and stakeholders, all stakeholders. If you're an applicant, you want a "yes," but there's no magic in getting a 30-month "no."

My final point is this. When you talk about the changes that have been made by the present administration in permitting time, I find it incredibly interesting to hear in committee that that permitting time was actually less than what this proposes.

This cuts nobody off. It's a good place to talk, and it gets rid of the part that is never in NEPA, which is, we're going to outwait you and hope you go away.

Mr. POLIS. Madam Speaker, I'm prepared to close. Bad bill, bad idea, bad rule. I urge a "no" vote.

I yield back the balance of my time.

Mr. BISHOP of Utah. Great bill, fair rule. I urge adoption.

I yield back the balance of my time and move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POLIS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

REPEAL OF OBAMACARE ACT

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of the bill (H.R. 6079) to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, will now resume.

The Clerk read the title of the bill.

Mr. CANTOR. Madam Speaker, it is my honor to yield 1 minute to the Speaker of the House, the gentleman from Ohio (Mr. BOEHNER).

Mr. BOEHNER. Let me thank my colleague for yielding, and say to my colleagues, I rise today in strong support of H.R. 6079, a legislation that would repeal the President's health care law.

When this bill passed, we were promised that the health care law would lower costs and help create jobs. One congressional leader even suggested it would create 400,000 new jobs.

Well, guess what? It didn't happen. This bill's making our economy worse, driving up the cost of health care, and making it harder for small businesses to hire new workers.

The American people were told that they'd come to like this bill once it was passed. Well, that didn't happen ei-

ther. Most Americans not only oppose this law, but they fully support repealing it.

The American people were told that taxes on the middle class wouldn't go up if this bill passed. Well, guess what? There are 21 tax increases in this health care law, and at least a dozen of them hit the middle class.

And let me just give you a glimpse of the damage that all these tax hikes will do to our economy. A tax on health insurance providers will end up costing up to 249,000 jobs, according to the National Federation of Independent Business.

A tax on health care manufacturers will put as many as 47,000 jobs in jeopardy, according to one nonpartisan estimate. Then you've got the employer mandate, which will affect every job creator with 50 or more employees.

Let's take White Castle, a company in my home State. They say that the employer mandate would eat up most of their net income starting in 2014. And that's on account of just one provision in the law.

And then there's the individual mandate that the Supreme Court has now ruled is a massive tax. The Congressional Budget Office says that roughly 20 million Americans will either have to pay this tax or be forced to buy insurance that they wouldn't have purchased otherwise.

You add it all up, the tax increases in this health care law will take at least \$675 billion out of our pockets over the next 10 years. All this at a time when employers are just trying to get by.

Listen, I think there's a better way, and that's why we're here today. Americans want a step-by-step approach that protects the access to care that they need from the doctor they choose at a lower cost. They certainly didn't ask for this government takeover of their health care system that's put us in this mess that we're in today.

At the beginning of this Congress, the House voted to repeal this health care law. It was our pledge to America, and we kept it. Unfortunately, our colleagues in the Senate refused to follow suit, and since then, we've made some bipartisan progress on repealing parts of this harmful health care law, including the 1099 paperwork mandate.

But this law continues to make our economy worse, and there's even more resolve to see that it is fully repealed.

Now, I think this is an opportunity to save our economy. And for those who still support repealing this harmful health care law, we're giving our colleagues in the Senate another chance to heed the will of the American people. And for those who did not support repeal the last time, it's a chance for our colleagues to reconsider. For all of us, it's an opportunity to do the right thing for our country.

□ 1330

Mr. LARSON of Connecticut. Madam Speaker, I yield 1 minute to our Democratic leader, the gentlelady from San

Francisco, California, without whom there would not be an Affordable Care Act, and we greatly appreciate her efforts.

Ms. PELOSI. I thank the gentleman for yielding.

Madam Speaker, more than 2 years ago, we put forth a vision for America's middle class to ensure health care would be not a privilege for a few but a right for all Americans.

Today and yesterday—for the past 2 days—as they've done more than 30 times in this Congress, the Republicans are set to take away that right. Over the past 2 days, we have heard the talking points of the health insurance industry. They're trying to drown out the facts, and the facts are these:

What is the takeaway from this debate? The takeaway is the protections House Republicans are voting to take away from America's families:

Today, up to 17 million children have the right to health care coverage even if they have diabetes, asthma, leukemia, or any other preexisting medical condition. Put an "X" next to that. Republicans want to take away protections for children with preexisting conditions;

Today, all young adults have the right to get insurance on their parents' policies. Republicans want to take away that right from America's students and young people. Where we have that coverage for young adults, put an "X" next to that;

Today, 5.3 million seniors have saved \$3.7 billion on their prescription drugs. Republicans want to take away prescription drug savings for seniors;

Today, small business owners have used tax credits to help them afford insurance already for 2 million additional people, and the bill is not fully in effect. Republicans want to take away the tax credits for businesses to help their entrepreneurship and job creation;

Today, nearly 13 million Americans are set to benefit from \$1.1 billion in rebates from health insurance companies. Republicans want to take away those cost savings from America's families;

Today, American women have free coverage. They have a right to free coverage for lifesaving preventative care like mammograms. Starting in August, women will gain free access to a full package of preventative services. No longer will a woman be a preexisting medical condition, but Republicans want to take away those protections from women and all Americans.

Many across the country have heard our Republican colleagues claim that very few people are affected by the preexisting condition provision of the law. The fact is: The Republicans are wrong. The fact is—you be the judge—138 million Americans have preexisting medical conditions.

I ask our friends on the other side of the aisle: Do you know anybody with breast cancer? with prostate cancer? with asthma? with diabetes? people

with disabilities? The list goes on and on. With this bill that you have on the floor today, you will take away their rights to affordable coverage.

That is why the American Cancer Society opposes this repeal effort and their “13 million cancer patients and survivors who need access to adequate and affordable coverage.” That’s why they oppose this repeal effort, the American Cancer Society.

Do any of you know the millions of Americans living with a disability? With this bill, you take away their rights to quality, affordable care.

That’s why Easter Seals wrote:

Millions of parents of children with disabilities are breathing a huge sigh of relief knowing their children will not be dropped from their insurance.

Do you know any parents of children with diabetes or asthma or childhood leukemia? Do you know any? With this bill, you will take away the rights of these children to affordable care throughout their lives.

That’s why the American Diabetes Association, on behalf of the nearly 26 million Americans with diabetes, urged us to oppose this bill in order to “protect people with diabetes who for too long have been discriminated against because of their disease.”

My Republican colleagues are taking away patient protections for millions of Americans, protections you as Members of Congress already enjoy. I think that that’s an undermining of fundamental fairness. If you repeal this bill, it means you keep your Federal health insurance benefits while you take these patient protections away from the American people. What a Valentine to the health insurance industry.

When I think of people protected by this law, I always remember the powerful testimonial at a hearing last year from Stacie Ritter, whose twin daughters, Hannah and Madeleine, are both cancer survivors. They’re 4 years old, and both were diagnosed with leukemia. Hannah and Madeleine faced stem cell transplants, chemotherapy, and total body irradiation. Yet, over time, Stacie said, “We ended up bankrupt even with full insurance coverage.”

Today, Hannah and Madeleine are happy, healthy 13-year-olds. According to Stacie:

My children now have protections from insurance discrimination based on their pre-existing cancer condition. They will never have to fear the rescission of their insurance policy if they get sick. They can look forward to lower health insurance costs and preventative care.

We passed the Affordable Care Act for people like Stacie, Hannah, and Madeleine, and we passed it for some of the people we heard from today at an earlier meeting. I urge my colleagues to think about them and to think about Stacie and her children when they cast a vote to take away their rights and protections.

Here is what the Affordable Care Act is about:

It’s about strengthening the middle class, honoring the entrepreneurial spirit of our country, putting medical decisions in the hands of patients and their doctors. This is about innovation, prevention, wellness. It’s about the good health of America as well as good health care for America. It’s about restoring and reigniting the American Dream and living up to the vows of our Founders of life, liberty, and the pursuit of happiness. It’s about a healthier life, the liberty and freedom to pursue happiness as defined by your own passions and your own talents and your own skills and your own aspirations. If you want to start a business, if you want to be self-employed, if you want to change jobs, you are not job-locked because your decision about your job, your career, and your life has to be predicated by your health insurance company.

That’s what this freedom is in this 1 week from the Fourth of July that we celebrate with this bill.

Now, to make the American Dream a reality for all, Republicans must stop this effort to take away patient protections from Americans.

Let’s review again what the GOP is taking away from Americans. This is the takeaway from this debate:

Take away, the Republicans say, protections from children with preexisting conditions; take away prescription drug savings for seniors; take away coverage for young adults; take away preventative health services for women; take away the no lifetime limits, which are so important to so many families in our country.

We must work together on America’s top priorities—job creation and economic growth. This bill creates 4 million jobs. It reduces the deficit. It enables our society to have the vitality of everyone rising to their aspirations without being job-locked, as I said.

The American people want us to create jobs. That’s what we should be using this time on the floor for, not on this useless bill to nowhere—bill to nowhere—that does serious damage to the health and economic well-being of America’s families.

I urge my colleagues to vote “no” on this bill. Let us move forward together to strengthen the economy and to strengthen the great middle class, which is the backbone of our democracy.

Hello, My name is Aracely Rodriguez. I am from San Diego, CA and I work everyday to ensure that Latina women have access to comprehensive affordable health services from a trusted provider.

I have the opportunity to experience first hand what a difference the Affordable Care Act will be for women, particularly women of color. It is hard for me to believe that anyone would want to take away there critical new benefits for women all over this country.

We know the Affordable Care Act will make insurance more affordable and provide more choices to women and their families. As a result of the Affordable Care Act 14 million women will be newly insured.

Today, about 39 percent of Latinas are uninsured—that is more than women of any other racial or ethnic group.

The Affordable Care Act will ensure that women have access to preventative health services such as mammograms and life saving cancer screenings—and in August, many women will have access to even more preventative health services such as well-women visits and birth control without co-pays or deductibles.

Access to birth control is a critical issue to many Latinas and their families. Over 50 percent of all Latinas have experienced a time in their lives when the cost of prescription birth control made it difficult for them to consistently use it.

The Affordable Care Act will end gender discrimination once and for all—so that women are not charged more for insurance than men.

This is what health reform means to women’s health in our communities. “Being a woman is not a pre-existing condition.”

My name is Jamal Lee, I’m a native of Baltimore, MD. I own Breasia Studios, LLC, a digital recording studio and an audio, lighting, and video production company in Laurel, Maryland and I’m a member of Small Business Majority’s network council.

Until recently, I hadn’t had health insurance since I was 21, when my mother had to drop me from her insurance plan. Since I started my business in 2005 I hadn’t been able to afford insurance for myself, let alone my employees. I did the best I could to counteract the lack of health insurance by giving my employees safety training courses and assisting with the heavy lifting. I couldn’t risk losing an employee to an on-the-job injury. But I finally was able to purchase insurance through a state subsidy program and when the Affordable Care Act was signed into law, I had another windfall—the small business tax credits. The tax credits, along with the state subsidy program, mean I can finally afford health insurance for myself and everyone else in the Breasia family. Knowing we’re covered if something happens has an enormous impact on morale and my employees’ physical and emotional well-being.

Thanks to the tax credits in the healthcare law, I may even be able to grow my business. And because I’m finally able to offer benefits, my business has become much more competitive when I look to hire. Repealing the law or defunding provisions like the tax credits would be a huge blow to my business.

My name is Bill Cea and I am a retired public school teacher from Boca Raton, Florida. I am here today on behalf of the Alliance for Retired Americans.

Thanks to the Affordable Care Act, I am one of 16 million seniors on Medicare who has been able to get a free wellness visit or preventative service. These are free—no co-pays, no deductible.

For me, it was an opportunity to go to my doctor’s office for a thorough evaluation of my health, review the medicines I take, and discuss any questions and concerns I had.

Not only is this good for your health, but it is also good public policy. Medicare costs will be much lower if more seniors are able to stay healthy and identify problems before they become serious and costly.

I know many seniors in Florida who are in the Medicare coverage gap known as the “donut hole.” Under this new law, these seniors are now paying \$600 less per year for their prescriptions. The law will keep closing more and more of the “donut hole” until it completely goes away.

The bottom line is this: the Affordable Care Act is good for seniors. It helps us live longer, better lives. It helps us be able to see a doctor and fill a prescription.

These new Medicare benefits are making a big difference in seniors’ lives. Congress

must not take them away. Please vote against repealing the Affordable Care Act.

My name is Emily Schlichting. I'm a 22-year-old auto-immune disease patient from Omaha, NE. My life has drastically changed for the better thanks to the Affordable Care Act, but I have no guarantee that those changes will last. I would like to share with you just how the repeal of health care reform would affect my life.

The summer before my senior year of high school, when I was 17, I began experiencing a lot of odd symptoms, and none of my doctors could figure out what was causing them. My symptoms started as open ulcers that would get painfully and dangerously infected, and over the next two years intensified to include high-grade fevers, mysterious raised lumps on my legs, and swollen joints. After two years of visiting multiple specialists, receiving MRI's and CAT scans, which was topped off by a week-long stay in the hospital during my first semester of college, I was finally diagnosed with Behcet's Disease, a rare auto-immune condition.

When your health care is tied directly to your employment, your career opportunities become a lot more limited than you'd imagine. Suddenly, taking a few years off to work at a non-profit before graduate or law school was not an option because I would have dropped off my parents' insurance plan. Beyond that, I had to be extremely careful not to ever drop off an insurance plan because I have a pre-existing condition, which meant if I dropped off I would likely not be able to get back on insurance. Paying for my own health care out of pocket would bankrupt me. I regularly see two rheumatologists, an ophthalmologist, a dermatologist, an internist and other specialists for my condition. And that's when things are going well.

But, thankfully, with the passage of the Patient's Coverage and Affordable Care Act my disease no longer gets to dictate my life. The dependent coverage clause has been a godsend for me; it allows me to stay on my parent's insurance until I'm 26; it gives me that buffer time to figure out what career I want to pursue, and work for a couple years to gain experience and valuable job skills instead of rushing into an expensive graduate program just so I can stay on an insurance plan. Allowing young people to stay on their parent's insurance gives us new freedom to work toward our goals without going uncovered. But even more important than that is the fact that the Patient's Bill of Rights makes it so that I can't be denied insurance simply because I have a disease I can't control. And that . . . it's changed my life in so many ways. I can't put into words how scary the idea of being sick and bankrupt at 25 is, so you'll have to trust me on this one. It's terrifying.

I can tell you over and over how much health reform has positively impacted my life, but I'm not the only young American that has been positively impacted by this legislation. I'm one example of millions and millions of young Americans who have been helped by this bill, whether through the Dependent Care clause or the Patient's Bill of Rights or the combination of the two, like me. Young people are the future of this country and we are the most affected by reform—we're the generation that is the most uninsured. We need the Affordable Care Act because it is literally an investment in the future of this country.

Good afternoon. My name is Christine Haight Farley and I'm the proud mother of two wonderful boys with bright futures. Unfortunately, one of my sons has Cystic Fibrosis. For him, the Affordable Care Act is the key to that bright future.

Cystic Fibrosis, or CF, is a genetic disorder that has no cure at this time and few effective treatments. Among the symptoms are persistent lung infections and breathing and digestive difficulties.

Because only 30,000 people in the U.S. have CF, treatment for it tends to be extremely expensive. The average CF patient spends \$64,000 annually on health care, which is 15 times more than the average American. My son has to take 30 pills, 2 inhalers, and 3 nebulizers every day. We have a machine in our home that he has to use twice daily to shake the mucus from his lungs to prevent bacterial infections and clear his airways. At night, he uses a feeding tube while he sleeps in order to ensure that he gets the calories he needs, because CF patients don't properly digest food. Even with this level of care, he is admitted to the hospital every year for a week because of a bacterial infection that requires heavy antibiotics administered through an IV. You can imagine what all of this costs.

And yet, we consider ourselves extremely lucky. We have excellent health insurance that helps to cover the costs of the various therapies and treatments he needs. But we have always worried about what will happen when our son grows up and has to find his own health insurance. As you can imagine, our entire family was very happy when the Affordable Care Act was signed into law. And we were ecstatic when the Court upheld the law. But it makes me furious when I hear opposition to the Affordable Care Act based on the "principle" of states' rights. For me, that principle is entirely outweighed by the principle that every child deserves a bright future no matter what disease they happen to be born with. Repealing this law would allow young people with life-threatening illnesses to be denied health insurance. I consider that unprincipled.

A survey conducted last year by the Cystic Fibrosis Foundation revealed that 31% of CF patients skipped doses or took less than was prescribed due to cost concerns. It also revealed that 16% of CF patients have reached an annual limit on their health insurance coverage, and 3% have reached a lifetime limit.

I have heard about the challenges faced by young adults with CF in finding health insurance. Young adults with CF are often denied insurance coverage, and they face barriers in their career as they make work and life choices that are dictated by a limited set of health care options. That's not the future I want for my son.

Because of the Affordable Care Act, my son will be able to get the care and treatment he needs. He will be able to stay on our insurance until he's 26, and after that no insurance company will be able to deny him coverage because of his pre-existing condition. And we won't have to worry about lifetime limits on his coverage. Moreover, he won't have to base his decisions about a job or a career on health care coverage.

As a mom, there is nothing more valuable to me than my children's future. I thank Leader Pelosi, the Congress, and President Obama for giving that to my son and to the other five million American children with pre-existing conditions.

□ 1340

Mr. CANTOR. Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. ROSKAM), the chief deputy whip.

Mr. ROSKAM. I thank the gentleman for yielding.

Madam Speaker, do you remember these lines when the President was pitching the health care bill? He said:

If you like what you have, you can keep it. It will not add a single dime to the deficit. This is absolutely not a tax increase, and it will bring down premiums by \$2,500 for the typical family.

The gentlelady from California a moment ago spoke about things to take away. Let's take this away. Let's take away the reality of this new health care law that has done this.

It is now clear that 20 million Americans are likely to lose their employer-based health coverage. The law will cost \$2.6 trillion if fully implemented and add over \$700 billion to the deficit. It has \$500 billion in new taxes that are triggered towards the middle class. And the average increase in family premiums doesn't go down \$2,500; it goes up \$1,200.

Here is what we should take away. We should take away this albatross in the economy. We should repeal it. We should replace it.

And here is the good news. The voters get the last word in November.

Stay tuned.

Mr. LARSON of Connecticut. Madam Speaker, at this time, I yield 3 minutes to our distinguished whip from Maryland (Mr. HOYER), a person who understands what it means to make it in America.

Mr. HOYER. I thank my friend.

Repeat it and replace it. For the 31st time, we have a repeal with no replacement, no alternative, no protection offered by my Republican colleagues—not one.

You could, of course, introduce legislation that would say, We're going to repeal and replace with this. You haven't done it. So the American people have no idea.

We're on the floor today with the distinguished gentleman from Michigan who himself, and his father before him a half a century ago, said: Americans need the security of having the guarantee of access to affordable quality health care.

That's what we did.

Madam Speaker, after the landmark Supreme Court ruling upholding the Affordable Care Act, Americans are ready to move on. Yet here we're again voting for the 31st time on a bill to repeal the health care law with no replacement, no alternative, no protections. That's not what we ought to be focused on.

Americans want us to create jobs and to grow our economy. According to a Kaiser Family Foundation poll last week, 56 percent of Americans believe that opponents of the law should drop attempts to block its implementation. It's time for Republicans to end their relentless obsession with taking away health care benefits for millions of Americans.

If this bill were to pass, insurance companies could once again discriminate against 17 million children with preexisting conditions. If it were to pass, 30 million Americans would lose their health insurance coverage. It would take away \$651 each from 5.3

million seniors in the Medicare doughnut hole, making their prescription drugs more expensive. There would be 360,000 small businesses no longer able to claim a tax credit to help cover their employees. And 6.6 million young adults under 26 would be forced off their parents' plans and left to face a tough job market with the added pressure of being uninsured.

The Republican repeal bill would take away these benefits and end these cost-saving measures. And after 31 votes, as I said, no alternative, nothing. There is no bill to read, no plan to follow, no security to offer. Repealing health care without an alternative would add over \$1 trillion to deficits over the next two decades. I don't say that. The Congressional Budget Office says that.

It is occurring in the place of a vote that we could be taking on legislation to create jobs. There is nothing about jobs this week, nothing last week, nothing scheduled for next week, or the week after. It's a waste of time.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LARSON of Connecticut. I yield the gentleman an additional 1 minute.

Mr. HOYER. Why is it a waste of time? Because the Republican majority knows that it will not pass the United States Senate, and it would not be signed by the President of the United States. It's a message bill. It's politics as usual. It is spurring the base while spurning the average working American.

I outlined several proposals yesterday that are bipartisan in nature and ought to come to this floor immediately. It's called "Make It in America." Let's vote on those bills. Let's vote on those bills to create opportunities, not this one to take them away.

Madam Speaker, I urge my colleagues to oppose this bill, and let us work together constructively for a better economic future for our people, more economic security, more health care security, and a better America.

Mr. CANTOR. Madam Speaker, I yield 3 minutes to the gentleman from Texas (Mr. HENSARLING), the Republican conference chairman.

Mr. HENSARLING. I thank the gentleman for yielding.

Madam Speaker, I've heard so many of my Democrat colleagues come to the floor and question why are we here to vote to repeal the President's health care program. Let me offer a few reasons.

Number one, the American people don't want it. The longer people have to know this bill, the more intense they are in wanting to see it repealed.

Reason number two is we hear from our friends on the other side of the aisle that the Supreme Court said it was constitutional. Well, the \$5 trillion of additional debt that they and President Obama have foisted on the American people, it's constitutional, but, Madam Speaker, it is not wise.

Seniors know that the President's health care program cut a half a tril-

lion dollars out of Medicare. The Independent Payment Advisory Board is 1 of 159 boards, commissions, and programs that will get between Americans and their doctors. The Independent Payment Advisory Board, they're there to help ration health care for seniors. That's another reason.

I just heard the distinguished leader of the Democrat Party saying we should be talking about jobs and the economy. Madam Speaker, these are the very same people who told us the stimulus bill would help jobs, would help the economy. The stimulus bill was not a jobs bill. Repeal of ObamaCare is a jobs bill.

Talk to any small business person across America that has 40, 45 workers, and they will tell you: We're not going to go to 50. We're not going to do that. We're not going to hire those extra people.

Talk to a tool and die manufacturer like I have in my district in Jacksonville, Texas. Half of their business comes from the medical device industry. You know what? He told me that ObamaCare, with the medical device tax, is going to force him to lay off workers.

The employer mandate costs jobs. The Congressional Budget Office, which the gentleman from Maryland just cited, they, themselves, said this will cost 800,000 jobs. Private economists say it will cost 1 to 2 million jobs. The Chamber of Commerce just did a survey of small businesses. Seventy-four percent said this makes it more difficult to hire.

So after the President just turned in his 41st straight month of 8 percent-plus unemployment, the worst jobs and economic performance since the Great Depression, maybe it's time for a true jobs bill, Madam Speaker, and a true jobs bill is to repeal ObamaCare. The American people do not want it. We can't afford it. Job creators are losing jobs.

Let's repeal it, and repeal it today.

Mr. LARSON of Connecticut. Madam Speaker, at this time, I yield 2 minutes to the distinguished gentleman from South Carolina (Mr. CLYBURN), a leader in the Democratic Caucus.

Mr. CLYBURN. Mr. LARSON, thank you for yielding me the time.

Madam Speaker, I rise today in opposition to this partisan charade to repeal the Affordable Care Act.

This is the 31st time the majority has orchestrated a vote to repeal in whole or in part this very important and long-awaited law to increase accessibility and decrease the cost of quality health care.

□ 1350

Fortunately, the other body rejected this ill-fated effort the first 30 times, and this 31st time will be no different. Why, then, are we having this debate?

Do my Republican colleagues really believe that the majority of the other body is now ready to take from children born with diabetes the right to

coverage under their parents' health care policies?

Do my Republican colleagues really believe that a majority of the other body is now ready to take from children who are seeking employment the right to remain on their parents' health care policies up to their 26th birthday?

Do my Republican colleagues really believe that a majority of the other body is now ready to take from a woman with breast cancer, or a man with prostate cancer, the right to keep their coverage once they get sick?

The American people are smarter than that. They know the deal. They do not wish to be taken down this primrose path for the 31st time. The American people want stability in their lives, security for their families, and safety in their communities.

Americans want us to stop jerking them around. They cannot have stability in their lives when we are shipping American jobs overseas. They cannot have security in their homes when they are fearful of getting sick. They cannot have safety in their communities when their teachers, policemen, and firefighters are being led off while we are engaged in symbolic episodes.

I ask my colleagues to reject this charade, and let's vote to restore the American Dream.

Mr. CANTOR. Madam Speaker, I yield 1½ minutes to the gentleman from South Carolina (Mr. SCOTT).

Mr. SCOTT of South Carolina. Madam Speaker, why are we here? We keep hearing that from my friends on the right—why are we here again today—and the reality of it is simple. The numbers keep changing, and it simply does not add up.

A long time ago, in 2010, a long time ago, the estimates were \$900 billion will be the cost of ObamaCare. Two years later, now the estimate is at nearly \$2 trillion.

Well, how do we fund this? Everybody wants to know this. A program that is already financially strapped, Medicare. ObamaCare takes \$500 billion, \$500 billion out of Medicare.

What does that mean? Well, to me, as a grandson of a grandfather who is 92 years old, 92 years old, what happens when we take \$500 billion out of Medicare?

Well, the answer is clear. There is a 15-member board called IPAB, the Independent Payment Advisory Board, that will then recommend cuts to Medicare payments for doctors, hospitals, and other providers. In other words, my grandfather's health may be in the hands of a 15-member autonomous board who will decide what happens to his health. That's wrong.

If you look in ObamaCare, what you will find is that \$317 billion of new taxes, or a 3.8 percent tax on dividends, capital gains and other income, you will find \$110 billion on the middle class for folks who like their health care and want to keep it? Oh, no. No, no, no. They can't keep it.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. CANTOR. I yield the gentleman an additional 30 seconds.

Mr. SCOTT of South Carolina. Then you find another \$101 billion, another \$101 billion in annual tax on health insurance providers not paid for by those folks who make more than \$200,000, but paid for by the hardworking, everyday folks like my granddaddy and my momma, those folks who struggled to make their ends meet, \$100 billion of new taxes.

But if you need a medical device, another \$29 billion of new taxes. There is just not enough time, Mr. Leader, to talk about all the taxes that can't be articulated in just 2 minutes.

Mr. LARSON of Connecticut. Madam Speaker, I yield myself 30 seconds.

To respond here, as Mr. ANDREWS has very patiently and eloquently pointed out, the \$500 billion that was just discussed by the previous speaker is something that the Republicans have voted on twice. Perhaps they didn't get a chance to read that bill as they sometimes claim about health care on this side.

I yield 2 minutes to the vice chair of the Democratic Caucus, the gentleman from California (XAVIER BECERRA).

Mr. BECERRA. I thank the chairman for yielding the time.

It took 19 Presidents and 100 years dating back to President Teddy Roosevelt to open the door to all Americans, to quality health care that is centered on the patient-doctor relationship; 105 million Americans who will fall ill will no longer have a lifetime limit on the coverage they receive from their health insurance company.

Up to 17 million children today who have preexisting conditions cannot be denied coverage by an insurance company; 6.6 million young adults under the age of 26 today can stay on the health care policy of their parents; 5.3 million seniors today received an average \$600 to help cover the cost of their prescription drugs when they fall into the so-called doughnut hole; 360,000 small businesses in America, men and women who own their own businesses, got assistance through a tax credit to help provide health insurance coverage to their employees. Thirteen million Americans will benefit in insurance premium rebates from insurance companies, who must now show that they are spending the premium money they get from those Americans for health care, not on paying CEO salaries or not on profits—\$1.1 billion national rebates for 13 million Americans.

Perhaps the most important thing that most Americans don't recognize, the thousands of dollars that those of us who do have health insurance throughout America that we pay premiums to our insurance companies to cover care, not for us and our families, but for those of us who don't have insurance, the free-riders, that will start to drop. Those are the things that are at stake.

Yet while it took 100 years for us to get to this point, it has taken our Republican colleagues only a year and a half to vote over 30 times to try to repeal these patient rights and protections, patient rights and protections that President Obama promised, this Congress delivered, and the Supreme Court affirmed.

My Republican colleagues say that to repeal and replace these patient rights protections is the right way to go, but the only thing we have seen from them on this floor is all repeal and no replace. It's time for this Congress to get to work on the most important thing before us, getting Americans back to work. Let us vote this down and get to work.

Mr. CANTOR. Madam Speaker, I yield 1½ minutes to the gentlewoman from Washington, the Republican Conference vice chair, Mrs. McMORRIS RODGERS.

Mrs. McMORRIS RODGERS. I thank the leader for yielding.

Madam Speaker, I rise in strong support of this legislation today to repeal ObamaCare because the control of health care and health care decisions belongs in the hands of patients, families, and their doctors.

ObamaCare was a Big Government takeover of one of the most personal aspects in our lives; and I come to this debate as a mom, as a wife. I have two children, one that was born with special needs.

I understand firsthand, talking to so many within the disabilities community, and I hear their fear, their fear of not being able to find the doctors, not being able to find the therapists within the Medicaid programs, within TRICARE because of the government. These are government programs that are too often making false promises.

I think about my parents, who are signing up for Medicare, and the over \$500 billion in cuts to the Medicare program. In eastern Washington, it is very difficult to find a doctor right now who will take a new Medicare patient.

Because of ObamaCare, my family, like millions all across this country, are facing longer lines, fewer doctors, and lower quality of care. We can and we must do better. If we don't repeal this law, the results are going to be disastrous.

CBO, the Congressional Budget Office, has already estimated 20 million Americans will lose their employer-provided health insurance. Health care premiums continue to soar. Innovation, lifesaving technology and devices are being threatened.

The first step to putting individuals and families back in charge of their health care is to repeal ObamaCare, and I urge support.

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Mr. LARSON of Connecticut. It gives me great honor to yield 1 minute to the dean of the Connecticut delegation and a voice for compassion and who believes passionately about this health

care law that's in effect for the American people, ROSA DELAURO of Connecticut.

Ms. DELAURO. What will happen if the House majority succeeds in repealing the Affordable Care Act? Seventeen million children with preexisting conditions will once again be denied coverage; 6.6 million under 26 will no longer be covered by their parents' insurance plan; insurers will be allowed to discriminate against women again, charge them more, deny them coverage because they've had a Cesarean section, and leave maternity and pediatric care out of their policies. The doughnut hole reopens, costing seniors billions of dollars; 360,000 small businesses lose tax credits. Americans will have to pay out-of-pocket for preventive services like cancer screenings and wellness exams, preventive services that could have saved the life of Celia, a 50-year-old East Haven woman who died from breast cancer because she simply could not afford a mammogram. And 30,000 Americans will lose their health insurance and be left to their fate while every single Republican in this House will maintain their health care coverage.

Repealing the Affordable Care Act is wrong. It was wrong the first time. It is wrong the 31st time. Welcome to Groundhog Day in the House of Representatives.

The SPEAKER pro tempore (Mrs. EMERSON). The time of the gentlewoman has expired.

Mr. LARSON of Connecticut. I yield the gentlewoman an additional 10 seconds.

Ms. DELAURO. This majority needs to stop working to put American families at risk and start working to make our economy healthy.

Mr. CANTOR. Madam Speaker, I yield 1½ minutes to the gentleman from Georgia, the Republican Policy Committee chairman, Dr. PRICE.

Mr. PRICE of Georgia. I thank the leader.

As a physician, one of the tenets of medicine is: first, do no harm. Sadly, the President's law does real harm.

The Supreme Court has said that the law is constitutional. That doesn't make it good policy. It harms all of the principles that Americans hold dear as it relates to health care—it increases costs, decreases accessibility, lowers quality, and limits choices—the wrong direction for our country. It harms patients—especially seniors—by removing \$500 billion from Medicare and having 15 unaccountable bureaucrats deny payment for health care services—decisions that should be made by patients and doctors, not by government. It harms doctors, over 80 percent of whom in a recent poll said that they would have to consider getting out of medicine because of this law. And it harms our economy, killing over 800,000 jobs and making it more difficult for small businesses, the job-creation engine of our Nation, to create jobs.

And it's that much more frustrating because it doesn't have to be this way.

There are positive solutions that don't require putting Washington in charge. There's a better way, and the first step to that better way is to repeal this law so we may work in a rational, deliberative, and, yes, bipartisan process for patient-centered health care where patients and families and doctors make medical decisions, not Washington.

The President's law doesn't just harm the health of patients and seniors; it harms the health of our economy and our Nation. And the first step to replace is to repeal. And we can start today.

Mr. LARSON of Connecticut. Madam Speaker, may I inquire as to how much time we have on both sides.

The SPEAKER pro tempore. The gentleman from Connecticut has 4½ minutes remaining, and the gentleman from Virginia has 5 minutes remaining.

Mr. LARSON of Connecticut. I yield 1 minute to the gentleman from California (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. I thank the gentleman for yielding.

As has been said, for the 31st time in this Congress the House Republicans are trying to put insurance companies back in charge of America's health care. The House Republicans are preoccupied with taking away the patient protections while they're keeping their own protections.

I recently got a letter from a woman named Annie who lives in East Bay of the San Francisco Bay area and she told me how vital this law is to her and her family. Her husband is self-employed. He has diabetes; and thanks to the Affordable Care Act, the husband will finally have access to quality, affordable coverage. Annie's daughter has a preexisting condition; and thanks to this law, the insurance companies won't be allowed to deny her daughter coverage. And Annie's son, a 25-year-old, thanks to this law, is able to get on his mother's health care plan and save the family a great deal of money.

But today, the Republicans want to take that all away. They want to take away all these protections and these benefits that American families haven't had in the past. Today, the Republicans in the Congress want to put the insurance companies back in the business—the same insurance companies that took away your policy when your child was born with a disability; the same insurance companies that didn't allow you to have cancer surgery because you had a lifetime limit or they decided you had a preexisting condition; the same insurance companies that decided that your children would be kicked off your policies when they're 18.

I don't think we should go there, America. But that's what repeal brings you. That's the Republican plan: to give it all back to the insurance companies. After a hundred years of struggling, take it away and give the power to the people to determine their own health care needs and the kind of policies that they need.

Mr. CANTOR. Madam Speaker, I yield 3 minutes to the majority whip, the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. I thank our respected leader for yielding.

From the moment ObamaCare was introduced, House Republicans and the American people have expressed concerns about the quality, the cost, and the effect that it would have on jobs. We're here today because the Supreme Court ruling made one thing clear: it's up to Congress to do the repeal of the devastating tax increase and what it would effect upon our economy.

As we all know, ObamaCare stands today because the Supreme Court said it's constitutional as a tax. The Chief Justice stated in his opinion:

Members of this Court are vested with the authority to interpret the law; we possess neither the expertise nor the prerogative to make policy judgments. Those decisions are entrusted to our Nation's elected leaders, who can be thrown out of office if the people disagree with them. It is not our job to protect the people from the consequences of their political choices.

But it is our job. And, unfortunately, we have learned over the past 2 years this law has proven to be bad policy. And you know what's more important? It's filled with broken promises.

We all remember President Obama's first promise: if you like the health care you have today, you can keep it. Well, that's not true. Eighty percent of those in small employer plans risk even keeping what they have today. The President also promised the law would bring down premiums by \$2,500. But that's not true either because it's already been increased \$1,200. The CBO says it will even rise higher.

President Obama did promise as I sat right here and listened to him that he would not add one dime to the deficit. Well, you know what? That's not true either. It's going to add billions of dollars. President Obama promised he would not raise taxes on those making less than \$250,000. It turns out ObamaCare includes 21 new taxes—12 of them on the middle class.

Promises made, promises broken.

There was another President from Illinois who was quoted as saying:

As our case is new, so we must think anew, and act anew. We must disenthrall ourselves, and then we shall save our country.

Well, now is the time to listen to the American people. Now is the time to put the patient first while they are empowered. Now is the time to repeal and begin to bring this country back together with a quality of health care where the patient has the choice, not the government.

Mr. LARSON of Connecticut. I yield myself 15 seconds as we ask the dean of the delegation to step forward and just say that aside from the platitudes that we've heard today as have been expressed by many on our side and some of the eloquence of debate that we've heard, we continue to see no plan from the other side but a persistent endeavor

or to repeal a plan that would cost more than a hundred billion dollars for the taxpayers.

I yield 1 minute to the dean of the House of Representatives, the gentleman from Michigan, JOHN DINGELL.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. I thank my good friend for yielding.

This is the gavel I used when I presided over the passage of Medicare and when I presided over the passage of legislation called ACA. This legislation takes care of the American people. I'm willing to loan it to my Republican colleagues if they'll use it in a good cause. It's even been on television with "The Daily Show."

But what is important here is you're going to win the vote, but you're going to lose the case and the debate because the American people know what you're trying to take away from them. This is the 31st time we've voted on this. And it is the law.

We have 44 days left to finish the business of this Congress, according to your whip's office. And interestingly enough, we're not going to deal with important questions like jobs, employment, the economy. We have the worst economy, which the President inherited, since the days of Herbert Hoover.

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The American people are going to wonder why this Congress has not been doing it. Well, the reason is the Republicans have been wasting the public's time. And in those 44 days, they're not going to be able to do the Nation's business. The unemployed are going to continue to be unemployed.

I'll loan you the gavel if you promise to use it for something good because it's a fine piece of wood and its tasks in terms of dealing with the public's concerns are not yet done.

But having said these things, I say shame. You are wasting the time of the American people. You are wasting the time of the Congress.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LARSON of Connecticut. I yield the gentleman an additional 1 minute.

Mr. DINGELL. You're wasting the time of the Congress. You've told us how you're going to repeal and replace. Where is the replacement? It is not to be seen. Where are the steps that you should be taking about jobs and opportunity for the American people? They are not to be seen.

You have the gavel, use it. Use the leadership that the people have given you to lead the Congress of the United States. The Democrats will work with you. But you won't work with us, and you won't work for the American people.

The time of dealing with the business of this Nation is short, and the needs of the American people are great. But nowhere are we seeing anything done by our Republican colleagues except to get up and denounce ObamaCare.

I say have a more enlightened outlook and proceed to do the Nation's business well.

Mr. CANTOR. Madam Speaker, I am prepared to close and reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from Connecticut has 2 minutes remaining.

Mr. LARSON of Connecticut. Thank you, Madam Speaker.

I want to compliment both sides for the quality of debate that has occurred on this floor over the last couple of days.

Today, we are here for the 31st time to act on repealing the Affordable Care Act. I give my colleagues credit for their persistence, but I'm deeply troubled by the obstinacy and the obstruction that they have demonstrated in an almost callow indifference to the needs of American families. Most importantly, the simple dignity that comes from a job that more than 14 million of our Americans are being denied, and we can't, in this great civil body, bring forward the President's bill that will create jobs.

One of the people in my district, Signe Martin, said, do you not understand that you have plunged us into the dark abyss of uncertainty?

The only thing that creates and corrects that situation is the simple dignity that comes from a job. And yet today, we spend our time on the floor talking about something where we should be working together, where Members on our side of the aisle, who would have preferred Medicare for everyone—the majority of our caucus would have been there—and yet embraced the compromise that extolled the virtues of the Romney plan in Massachusetts. But there is no room for compromise on the other side of the aisle.

So we can only surmise this: that you would rather see the President fail than the American people succeed. Person after person on both sides of the aisle have gotten up and talked about the need for us to come together. You embrace most everything that's in this plan but would rather see the President fail than the Nation succeed.

The SPEAKER pro tempore. The time of the gentleman has expired.

The gentleman from Virginia is recognized for 2 minutes.

Mr. CANTOR. Madam Speaker, I introduced this legislation on behalf of my colleagues so that we may all be on record following the Supreme Court's decision in order to show that the House rejects ObamaCare and that we are committed to taking this flawed law off the books.

This is a law, Madam Speaker, that the American people did not want when it was passed, and it remains a law that the American people do not want now.

First and foremost, ObamaCare violates President Obama's central promise to the American people that if they like their current health coverage, they can keep it. The vast majority of

people in this country like the health care that they have and they want to keep it. But now, thanks to this law, patients across the Nation are losing access to the health care they like. Millions stand to lose health care coverage from their employers because ObamaCare is driving up costs and effectively forcing employers to drop health care coverage.

Beyond that, ObamaCare takes away from patients the ability to make their own decisions and individual choices. Instead of letting patients and their families work with their doctors to decide the best care, ObamaCare puts Washington in the driver's seat to make health care choices for them and their families.

Taking away choice, driving up costs, and making health care dramatically more expensive is not the prescription that Americans asked for.

Madam Speaker, we know in this tough economy we need to be doing everything we can to help our small businessmen and -women. They are struggling because of uncertainty and facing the prospect of one of the largest tax hikes in history. ObamaCare increases that burden by adding new costs and more red tape. The new harsh reality is that creating new jobs and bringing on new employees may just be too expensive and too burdensome if this law is left to stand.

The President said throughout the health care debate—as did former Speaker PELOSI and my colleagues on the other side of the aisle—that his health care law was not a tax. Well, we now know that the Supreme Court has spoken: It is a tax. Madam Speaker, it's time to stop all the broken promises and get back to the kind of health care people in this country want.

It cannot be overlooked that ObamaCare also has disastrous implications for the moral fabric of our Nation. Despite the claims to the contrary, this law actually paves the way for Federal funding of abortion, violating many individuals' religious, ethical, and moral beliefs. It is also the basis from which President Obama launched an assault on the religious freedom of millions of Americans by requiring employers to cover items and services with which they—and perhaps their employees—fundamentally disagree.

Washington-based care is not the answer. There is a better way to go about improving the health care system in this country. The American people want patient-centered care that allows them to make the very personal decisions about health care with their families and their doctors. They want to keep the care they like. They want to see costs come down, and they want health care to be more accessible. That is the kind of health care we on the Republican side of the aisle support, and frankly the type of care that the vast majority of the American people support.

Madam Speaker, we have said since day one that we must fully repeal this

law. Today, we can start over and we can tell the American people, we are on your side, we care about your health care, and we want quality care at affordable cost. We listened, and we've acted.

I yield back the balance of my time.

Mr. REYES. Madam Speaker, I rise today in opposition to the 31st attempt to undermine the Affordable Care Act. Since the passage of the Affordable Care Act, tens of millions of Americans are already receiving better care as well as better value for their health care dollars. Already, Americans are benefiting from the provisions that have been implemented. In fact, 6.6 million young Americans now have health coverage until age 26, 105 million Americans are no longer facing lifetime limits on health benefits, and 17 million children with pre-existing conditions can no longer be denied coverage.

Instead of focusing on jobs legislation, Republicans are once again trying to take away patient protections by seeking to repeal the Affordable Care Act. Instead of providing solutions to the provisions in the law that they would like to see changed, they would rather repeal the whole law and all the positive changes that come along with it. This constant push to take away patient protections is no longer based on logic, but is clearly a partisan political ploy to score cheap points at the expense of millions of Americans.

We should turn our efforts to tackling our nation's larger problems, such as the economy and job creation. Let's move beyond this vote and demonstrate our commitment to the American people.

My Republican colleagues have requested that we work together, but, as they seek to once again make America a country where millions of people are uninsured and unable to afford health care, their actions speak louder than their words.

The Republican proposal to repeal the Affordable Care Act would affect thousands of El Paso residents who are already benefiting from the law, including the 52,000 children who are no longer denied insurance due to pre-existing conditions, the 2,900 seniors who have saved \$1.8 million in drug costs, and the over 360 small businesses who received new tax credits to help them expand health care coverage to their employees.

Republicans seem to forget how things were before the Affordable Care Act. For example, one family in my district faced significant health care related financial difficulties. They had a daughter with a severe disability who had undergone 17 surgeries, numerous hospitalizations, required constant care, and treatment that cost up to \$2,000 a month. The couple's private insurance company implemented lifetime caps to prevent a major loss of profits at the expense of the health of the young girl. As a result, the family had to cover the medical expenses out of pocket and went bankrupt. While the current Affordable Care Act would prevent private insurance companies from using lifetime cap provisions to bar critical services to patients like this young girl, this couple's private insurance took advantage of the lax regulations at the time and left the family to fend for themselves.

There are countless other examples of El Pasoans who faced similar situations. There are those who had been denied coverage because of pre-existing conditions and others

who faced similar situations with insurance companies who took advantage of lax health care oversight. That was then—now, the Affordable Care Act gives families the opportunity to have the best life possible.

Madam Speaker, I urge my colleagues to reject this misguided legislation.

Mr. BACA. Madam Speaker, I rise today in support of the Affordable Care Act.

This law is already providing relief to millions of Americans, and almost 20 percent of Californians.

Already, nearly 3 million people with Medicare in California have received free preventive services or a free annual wellness visit with their doctor.

The Affordable Care Act strengthens Medicare and reduces costs for seniors, by eliminating the donut hole that hurt many of our seniors in the past.

Right now, there are 435,000 young adults in California under the age of 26 who now have coverage because they were able to stay on their parent's plan—like Ms. Sandra Rodriguez and her daughter of San Bernardino, California.

And, over 8,600 uninsured California residents who were denied coverage because of a "pre-existing condition" are now insured because of this law.

Finally, Americans are in charge of their health care, not insurance companies.

Repeal takes our nation in the wrong direction. We need to move forward and ensure health equality for all.

Mr. RUNYAN. Madam Speaker, I rise in support of H.R. 6079, the Repeal Obamacare Act. It has been over two years since the partisan Patient Protection and Affordable Care Act was signed into law by President Obama and the country is still looking for reform.

When ObamaCare was introduced, the public was assured this was not a tax, but we have come to realize that this is, in fact one of the largest tax increases on the middle class in recent memory. We were told that ObamaCare would strengthen Medicare, but in fact the bill diverts \$500 billion from Medicare to pay for other provisions of ObamaCare.

The United States needs real common-sense healthcare reforms, which is why I urge my colleagues to support H.R. 6079. We must work together in a bi-partisan manner to support reforms that will lower costs, like allowing individuals to search for insurance across state lines and comprehensive tort reform, while continuing to protect individuals with pre-existing conditions and allowing children to remain on their parents' insurance plan.

Mr. COSTELLO. Madam Speaker, I rise today in opposition to yet another effort to repeal the Affordable Care Act. Passed by the House and the Senate, signed by the president and confirmed by the Supreme Court, I do not support repeal of this law.

While the Affordable Care Act is not perfect, it has had tremendous positive impacts already, eliminating pre-existing condition restrictions, allowing young adults to remain on their parents' insurance until age 26, and making prescription drugs more affordable for our seniors. For too long our system has needed to be reworked to achieve greater savings and improved patient outcomes. Now that the Supreme Court has found this law constitutional, we need to concentrate on implementing it as efficiently as possible. The statistics speak for themselves:

105 million Americans no longer have a lifetime limit on their coverage.

As many as 17 million children with pre-existing conditions are no longer threatened by denial of coverage.

6.6 million young adults up to age 26 are covered under their parents' policies. Without that coverage nearly half of them would be uninsured.

5.1 million seniors in the "donut hole" have already saved over \$3.2 billion on prescription drugs.

Madam Speaker, rather than practicing partisan politics, we owe it to our constituents to work together to ensure the Affordable Care Act continues to make health care more affordable and accessible for millions of Americans. Today's vote is another effort to take us in the wrong direction, and I urge my colleagues to oppose it.

Ms. DELAURO. Madam Speaker, if the Majority succeeds in repealing the Affordable Care Act, as they have tried to do over thirty times now, it will be the women of America who are especially harmed.

Insurance companies will be allowed to charge women more for the same coverage once again. They will be able to withhold coverage from women who have had a child or a C-section, or even who have been victims of domestic violence.

Coverage for maternity and pediatric care will all disappear. Women will lose access to the free recommended preventive screenings that save lives. Subsidies to help working mothers buy insurance for their families will dry up.

We know for a fact this will happen. According to the National Women's Law Center, over 90 percent of the best-selling plans in states that have not already banned gender rating still charge women more than men for the same coverage. This costs women and their families approximately \$1 billion a year.

And this is what the House Majority wants to bring us back to. We fought hard two years ago to put woman's health on an equal footing with that of her spouse, son, and brother at last. We should build on that, not throw it all away.

If the Majority wants us to think they care about women's health, it is time for them to walk the walk. That means stopping these partisan political games, and allowing the fully constitutional reforms in the Affordable Care Act to work for women.

Mr. DAVIS of Illinois. Madam Speaker, when it comes to health care in the United States low-income and minority people are underserved and uninsured, with this in mind the health care reform legislation was passed by Congress and signed into law by President Obama on March 23 of 2010. This law ensures that all Americans have access to quality, affordable health care. The non-partisan Congressional Budget Office has determined that this law will provide coverage to 32 million more people, or more than 95 percent of Americans, while at the same time lowering health care costs over the long term and reducing the deficit by \$138 billion through 2019, with \$1.2 trillion additional deficit reduction in the following 10 years.

When considering this law I cannot help but think of the 52,000 children and families from the 7th district of Illinois that do not have coverage or have low-quality health care coverage. The Affordable Care Act provides the following benefits to these individuals:

Improves coverage for 334,000 residents with health insurance.

Gives tax credits and other assistance to up to 158,000 families and 14,100 small businesses to help them afford coverage.

Improves Medicare for 76,000 beneficiaries, including closing the donut hole. Extends coverage to 52,000 uninsured residents.

Guarantees that 11,500 residents with pre-existing conditions can obtain coverage.

Protects 1500 families from bankruptcy due to unaffordable health care costs.

Allows 60,000 young adults up to the age of 26 to obtain coverage on their parents' insurance plans.

Provides millions of dollars in new funding for 92 community health centers.

Reduces the cost of uncompensated care for hospitals and other health care providers by \$222 million annually.

The Affordable Care Act will help begin to fill the Medicare Part D drug doughnut hole to reduce the cost burden for 76,000 beneficiaries in my district. It's going to extend coverage to 52,500 uninsured individuals who currently go to the county hospital. This legislation, in my mind, is the most impactful health legislation that we have seen since Medicare and Medicaid. The positive impact of this law extends beyond my district, to every district in our country.

The Affordable Care Act provides new ways to bring down costs and improve the quality of care for every individual, including those individuals who historically have had little to no health coverage. This is evident because each year more than 83,000 racial and ethnic minorities die as a result of lacking access to high quality and culturally competent health care. In turn, this cost us more than \$300 billion every year. I am so thankful that there is finally equal access to health care coverage. We should be proud that now children, the elderly, low-income, and minorities can equally access preventative services, primary physicians, and urgent care. I believe the expansion of coverage to these individuals has a major impact on the health of the current generation, as well as future generations.

This law ensures that more than 17.6 million children with pre-existing conditions can no longer be denied quality coverage. It also allows children to stay on their parents' health insurance up to age 26. Now, 410,000 African-American and 736,000 Latino, young adults between the ages of 19–25, who would have been uninsured are now covered under their parents' health insurance. To date about 6.6 million young adults up to age 26 have already taken advantage of this section of the law, and have to obtained health coverage through their parents' plan. Considering 3.1 million of those young adults would be uninsured without this coverage, this law has made a major impact in young peoples' lives. I believe it is imperative to the future well-being of our country that we provide the upcoming generations with this form of adequate and equal healthcare coverage.

In addition, the law now includes a section regarding funding to states for home visitation programs. The funding provides a critical opportunity for federal, state, and local communities to improve the health and well-being of children and families. Quality, early childhood visitation is a proven and cost-effective method to improve schools readiness, well-being, and health for children and families. I truly believe in the importance of this provision that is

why we have worked bipartisantly for over five years to establish these evidenced based prevention grants to prepare our youngest citizens for success in school and life.

Older adults spend more money on health related costs than any other age group and they have the most health related needs, for this reason I am grateful that this law extends coverage to older adults. I am proud that we can now rest assured because, 4.5 million African American and 3.9 million Latino elderly and disabled who receive Medicare will have expanded access to preventative services with no cost-sharing, including annual wellness visits with personalized prevention plans, diabetes and colorectal cancer screening, bone mass measurements and mammograms. In fact, during 2011, 2.3 million seniors had a free Annual Wellness Visit under Medicare. We have seen this law continue to help older adults during 2012, with already 1.1 million seniors receiving a free visit within the past six months. We should also note that in 2011, 32.5 million seniors received one or more free preventive services. I believe this is outstanding, and with 14 million seniors having already received these services this year, we can anticipate even more seniors being served by the end 2012.

I am proud that the Affordable Care Act also includes the Community First Choice Option, it is a provision I have worked very hard on. This law is a major step forward to ending Medicaid's institutional bias by allowing states to give individuals with disabilities who are Medicaid eligible and who require an institutional level of care to choose between receiving care at home or in a nursing facility. Receiving community-based services and supports is critical to allowing people to lead independent lives, play an active role in day-to-day family life, have jobs, and participate in their communities. These are services our older adult population and citizens with disabilities need. It will keep them stronger and healthier longer.

I am extremely happy that in 2014 Medicaid coverage will expand to include families with incomes at or below 133 percent of the federal poverty guidelines. Our public health care system is overloaded and stretched past the breaking point and the extension of Medicaid is critical to sustaining that system. This expansion will now include adults without dependent children living at home; this is a population that has previously not been eligible in most states. This ensures that all individuals have equal access to health care coverage. I will be watching closely to ensure that this provision of the law is implemented in a manner consistent with the best interests of the American people.

The Affordable Care Act has expanded coverage to minority and low-income individuals, who have historically had the lowest health care coverage. In fact, it is estimated that by 2016, 3.8 million African Americans and 5.4 million Latinos, who would otherwise be uninsured will gain coverage. This means that by 2016, 6.2 million Americans who would otherwise have to go to the emergency room for a minor ear ache now has the opportunity to go to a primary physician at a medical home. Also, starting in August, millions of women will begin receiving free coverage for a package of comprehensive women's preventive services. This allows us to anticipate lower rates of prenatal medical issues and that future generations will be born healthy.

The law also provides funding to improve quality of care and management of chronic diseases that are more prevalent amongst African Americans and Latinos. This will ensure that individuals with chronic diseases can receive the medication and care needed for their wellbeing. It is reassuring to know that 105 million Americans will no longer have a lifetime limit on their coverage.

I feel that one of the greatest benefits of the Affordable Care Act are the laws that assists medical institutions in eliminating disparities that both African Americans and Latinos face in their health care services. More funding is now going towards data collection and research about health disparities. The second part of this funding extends to increase racial and ethnic diversity of health care professionals and strengthen cultural competency training among providers. This will improve diversity and equality in the health care industry. In fact it is estimated that by 2014 the percentage of African Americans in the National Service Corps will increase from 6 percent to 18 percent, and the percentage of Latinos will increase from 5 percent to 21 percent. This is an amazing improvement that I am proud to witness during my service. I hope that this increase in diversity inspires and empowers the next generation of doctors, nurses and surgeons to advocate for even further health care equality for all people.

Mr. ISRAEL. Madam Speaker, I rise today to speak in opposition to the Patients' Rights Repeal Act.

House Republicans began the majority by passing a budget that takes Medicare away from seniors. They are now trying to end their majority by passing a repeal of patient protections for everyone else in the middle class.

With this bill, they will take away a woman's protection against an insurance company's decision to deny coverage because breast cancer is a preexisting condition. They will take away coverage of kids on their parent's policy until the age of twenty-six. They will take away the prohibition against lifetime and annual limits.

House Democrats want to move forward to pass comprehensive legislation to help small businesses create jobs and strengthen the middle class. House Republicans want to move backwards to repeal patient protections in order to help big insurance companies and weaken the middle class.

Mr. BISHOP of Georgia. Madam Speaker, when I first ran for Congress in 1992, I pledged to my constituents that I would use the political process to improve the lives of people and communities of the Second Congressional District of Georgia. For this reason, I supported the Affordable Care Act in 2010 because I believed that it would make a significant difference in making health care more affordable and more accessible.

I still believe in the effectiveness of the law more than two years after its enactment. In fact, it is needed now more than ever. My District has high rates of diabetes, cancer, heart disease, and obesity. Many of my constituents cannot get health insurance because they have reached their lifetime limit or they have a pre-existing condition. I also have heard from seniors who cannot afford their prescription drugs because they have fallen into Medicare's "donut hole," small businesses owners who find the cost of health insurance to be too high, and residents of rural communities who must travel long distances to find a doctor.

They deserve better. We all do.

Repealing the Affordable Care Act would be a significant setback for these Georgians as well as the entire nation. According to a Washington Post editorial Tuesday, since the health reform law was enacted, increases in national health expenditures have slowed, saving Americans more than \$220 billion. In Georgia alone, the closure of the "donut hole" in coverage to date has saved Medicare recipients over \$13 million. Already over three million residents are free from worrying about lifetime limits on coverage. The law's insurance reforms, which already have taken effect, will allow 123,000 young Georgians stay on their parents' plan until age 26 and ensure the protection of over 26 million children nationwide with pre-existing conditions.

Now that it has been upheld by the United States Supreme Court, we must work together to ensure that the Affordable Care Act remains the law of land so that America can be a healthier, more prosperous, and more just nation.

What I said two years ago still holds true today. As a man of faith, I know that Jesus taught us to provide and care for others, especially the "least of these," or those that have few advocates. I believe He would take care of this immediate need of the people and not let them fend for themselves. This law goes a long way toward living up to this moral principle, and I urge my colleagues to oppose its repeal.

Mrs. MILLER of Michigan. Madam Speaker, I have some simple questions for those who support Obamacare . . . how does the hiring of over 16,000 new IRS agents provide anyone greater access to care? How does hiring 16,000 new IRS agents improve the doctor patient relationship? How does hiring 16,000 new IRS agents lower the cost of healthcare?

The fact is those new IRS agents won't do anything to improve healthcare because IRS agents don't help deliver affordable and accessible healthcare—they collect taxes and Obamacare is definitely chock full of new taxes to be collected.

Taxes on tanning, taxes on healthcare policies the government deems are too good, taxes on employers for providing health insurance the government deems is not good enough, taxes on income, taxes on drug manufacturers, taxes on medical devices, and even a massive new tax for not having health insurance.

While President Obama has done little to help create the private sector jobs we so desperately need in this country he has certainly done a lot to promote full employment among tax collectors.

The fact of the matter is those who wrote this bill sold it to Congress and the American people saying that the individual mandate was not a tax, and it is a massive new tax. And I would hazard to say that if it was sold as what it truly is then it never would have passed either the House or Senate.

Just before passage then Speaker PELOSI famously said we had to pass the bill to find out what's in it. Well the American people have found out what is in Obamacare and they don't like it one bit. Sure there may be parts that they like, but not the full trillion dollar monstrosity.

We can do better and the American people certainly deserve better.

Let's repeal this bill today, start over and give the American people what they want . . .

legislation that supports private sector solutions to reduce costs, improve access to care and strengthen the doctor patient relationship out of the reach of your local IRS agent.

Mr. RIVERA. Madam Speaker, I rise in support of the "Repeal of Obamacare Act" before us today. I commend our Leadership for bringing this bill to the Floor so quickly to enable us to start the important process of repealing and replacing this job-destroying healthcare law. Our vote today demonstrates once again our commitment to our constituents that we will protect them from government interference with their relationship with their doctors and fulfill our promise that we will protect all Americans from new taxes on the middle class.

I strongly support healthcare reform, for example, by offering tax credits for individuals to purchase healthcare insurance, by allowing small businesses to pool together beyond state lines, thus gaining bargaining leverage to purchase more affordable health insurance policies for their workers, and by prohibiting insurance companies from denying coverage due to pre-existing conditions.

As we begin the process of replacing Obamacare with commonsense reforms that lower healthcare costs for families and small businesses and increase access to affordable quality care, we must ensure that the replacement includes critical Medicaid funding for Puerto Rico and the other territories. The funding, originally added to Obamacare legislation because it was the sole legislative vehicle available at the time, has just begun to reverse federal policy that has treated our fellow Americans in Puerto Rico inequitably. Where previously Washington paid less than 20 percent of Puerto Rico's Medicaid costs, the federal government is now paying 35 percent of the cost of the program. This is a step in the right direction, but still far below equal treatment. By comparison, the federal government pays nearly 70 percent for the District of Columbia's program and 75 percent for Mississippi's program. How can we continue to ask the U.S. citizens of Puerto Rico to do their share in service to our country—with hundreds of thousands serving honorably in the U.S. military—when the federal government isn't doing its part to treat them fairly in federal programs like Medicaid? This isn't about a hand out, but rather a level playing field to provide a fair and just level of medical care to every American citizen.

I have voted to repeal Obamacare, and will continue to do so until we prevail, and intend to work on reform measures that include access to high quality health care at affordable costs. Ensuring the current levels of Medicaid funding for Puerto Rico and the territories must be part of that reform effort.

Mr. MARCHANT. Madam Speaker, the Supreme Court ruled that the individual mandate was Constitutional. But the cost of the Patient Protection and Affordable Care Act, or "Obamacare", remains grievously unsustainable. Unless Obamacare is repealed, either in whole or in part, America's healthcare system will prove to be a ticking fiscal time bomb.

Regardless of the Obama plan, healthcare payment rates across Medicare, Medicaid, and private insurance are alarming. According to the Congressional Budget Office, between 1975 and 2005, annual per-person health spending in the United States rose, on aver-

age, 2 percentage points faster than per-person economic growth. In other words, healthcare costs have outpaced our national income.

Now add Obamacare: massive new entitlements, additional dependence on government, tax hikes, bureaucratic micromanagement of healthcare, and the possibility of Congress taxing other forms of inactivity in the future. In 2014, Obamacare will significantly expand Medicaid to childless adults with incomes up to 138 percent of the poverty level. If states don't expand Medicaid, 11.5 million very poor adults will be on their own. That is more than the entire population of Greece.

Americans that fail to follow the healthcare mandate will be required to pay a penalty, or an Obamatax, starting in 2014. When fully phased in two years later, the penalty will be \$695 for each uninsured adult or 2.5 percent of family income, whichever is greater, up to \$12,500.

Madam Speaker, America is facing a genuine healthcare crisis. But our country also has 13 million unemployed and millions of others are struggling. They simply can't afford a new tax imposed by Washington. There is a way to improve both our healthcare system and fiscal outlook, and it starts by repealing Obamacare.

Mr. PLATTS. Madam Speaker, today's vote by the U.S. House of Representatives to repeal the health care law will ensure continued scrutiny of a complex law that was wrongly rushed through the legislative process and largely remains a mystery to a vast majority of the American people. Given that rising health care costs are the main driver of our Nation's long-term debt crisis, it is imperative for Congress to fully debate a policy that will have such dramatic ramifications for future generations of Americans.

The health care law was enacted more than two years ago. Yet health care costs continue to rise. Uncertain business owners are hesitant to invest and hire workers. And major portions of the law—including higher taxes on businesses, increased taxes on certain medical devices, and countless new regulations—have yet to even be implemented. This massive new entitlement program will cost taxpayers more than \$2 trillion per decade, further burdening our already crippling national debt.

Truly reforming our health care system requires a common-sense, step-by-step approach that will lower costs and better ensure access to affordable, quality health care. Opponents of the health care law have long proposed alternative solutions—such as allowing small businesses to form health insurance pools and join together across state lines to purchase health insurance, medical malpractice liability reform, and insurance reforms addressing the issues of pre-existing conditions and allowing young adults to remain on their parents' plans—that would achieve these goals.

The status quo in health care is clearly unacceptable. A narrow majority of the Supreme Court may have upheld the constitutionality of the health care law last week, but that does not change the fact that this law is clearly bad public policy. Congress must continue to press for true, common-sense reforms focused on lowering the cost of health care for all Americans.

Mr. POSEY. Madam Speaker, I rise to express my support for the bill before us today

that would repeal the health care law. The new health care law is unworkable, unaffordable, compromises the doctor-patient relationship, and undermines individual liberty and personal freedom. It was for these reasons and others that I opposed the bill two years ago.

Let's remember that this health care law was drafted behind closed doors and the American people were told by congressional leaders at the time that Congress had to pass it so that the American people could see what was in the 2,000-page bill. Americans have begun to see more of what is in the bill, and according to the latest polls most Americans want the law repealed. Dozens of states, including Florida, have indicated that they will do what the Supreme Court has said they can do, and that is to refuse to implement key components of the law.

For America's senior citizens there are key provisions of this law that are of great concern. The Congressional Budget Office's March 1, 2010 analysis concluded that the health care law cuts Medicare spending by at least \$500 billion. It also leaves in place the flawed Medicare physician payment system that threatens senior's access to physicians as it allows a 33% reimbursement cut to take effect on December 31, 2012. This will harm seniors' access to medical care.

The new health care law makes deep cuts to Medicare Advantage plans, which will result in millions of seniors' losing their MA health plans. In fact, millions of seniors' were scheduled to lose their MA plans on December 31, 2012, except that the Administration "found" money to plug the hole for one year so that seniors would not receive a letter two months from now telling them that their MA health plan would no longer be available to them. Seniors are also very concerned about the Independent Payment Advisory Board (IPAB), which has broad unbridled authority to unilaterally eliminate Medicare benefits. IPAB must be repealed.

Americans were promised that they would be able to keep their current health care plan, but millions of Americans would have already lost their plan had a temporary waiver not been granted to simply delay their loss until next year. Millions more will lose their current coverage and be forced into government directed health care in 2014 if this law is not repealed.

Americans were told that the law would save money and would "only" cost \$938 billion. However, the non-partisan Congressional Budget Office (CBO) recently raised the 10-year cost of the law to \$1.8 trillion. The United States has a national debt of over \$16 trillion and we simply cannot afford the new law, as it will continue to saddle future generations of Americans with debt they cannot possibly repay.

We were promised the health care law would "lower your premiums by \$2,500 per family" by the end of 2012. But even the Kaiser Family Foundation's 2011 Annual Health Benefits Survey found that premiums increased by over \$1,200 in just the first year since the law's passage and they expect premiums to continue climbing.

We do not need the health care law's 159 new federal agencies and boards that are being created to stand between you and your doctor. Twelve of the nearly two dozen new taxes included in the law will specifically increase taxes on those making less than

\$250,000 a year. These new taxes will not make health care any cheaper, but will further add to the tax burden that is straining family budgets and hampering the ability of small businesses to create jobs.

While I believe that there are shortcomings in our health care system, this health care law was the wrong prescription, and it is for that reason it should be repealed and replaced with a plan based on individual choice, personal liberty and economic freedom.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 274, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 6079 is postponed.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Brian Pate, one of his secretaries.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 19 minutes p.m.), the House stood in recess.

□ 1500

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. EMERSON) at 3 p.m.

REPEAL OF OBAMACARE ACT

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of the bill (H.R. 6079) to repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010, will now resume.

The Clerk read the title of the bill.

MOTION TO RECOMMIT

Mr. ANDREWS. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. ANDREWS. I am.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Andrews moves to recommit the bill H.R. 6079 to the Committees on Energy and Commerce, Ways and Means, and Education and the Workforce with instructions to report the same to the House forthwith with the following amendment:

Add at the end the following new section:

SEC. 5. MEMBERS OF THE HOUSE OF REPRESENTATIVES WHO VOTE TO REPEAL HEALTH CARE FOR THEIR CONSTITUENTS MUST FORFEIT THEIR OWN TAXPAYER-SUBSIDIZED HEALTH BENEFITS.

(a) FORFEITURE OF FEHBP BENEFITS BY ANY MEMBER VOTING IN FAVOR OF HEALTH CARE REPEAL.—A Member of the House of Representatives who votes in favor of passage of this Act (including the repeal of the patient benefit protection provisions described in subsection (b)) shall become ineligible to participate, as such a Member, in the federally funded Federal employees health benefits program (FEHBP) under chapter 89 of title 5, United States Code, effective at the beginning of the first month after the date of the enactment of this Act.

(b) PATIENT BENEFIT PROTECTION PROVISIONS.—For purposes of subsection (a), the patient benefit protection provisions described in this subsection include any provision of (or amendment made by) the Patient Protection and Affordable Care Act or the Health Care and Education and Reconciliation Act of 2010 that provides for or protects patient benefits, including the following:

(1) PROHIBITION OF PREEXISTING CONDITION EXCLUSIONS.—Section 2704 of the Public Health Service Act relating to the prohibition of preexisting condition exclusions or other discrimination based on health status.

(2) FAIR HEALTH INSURANCE PREMIUMS.—Section 2701 of the Public Health Service Act relating to fair health insurance premiums, and prohibiting gender-based discriminatory premium rates.

(3) COVERAGE OF ADULT CHILDREN UNTIL AGE 26.—Section 2714 of the Public Health Service Act relating to the extension of dependent coverage for adult children until age 26.

(4) CLOSURE OF MEDICARE PART D DONUT HOLE.—Section 1860D-14A of the Social Security Act relating to the Medicare part D coverage gap discount program.

(5) NO LIFETIME OR ANNUAL LIMITS.—Section 2711 of the Public Health Service Act relating to no lifetime or annual limits.

(6) PREVENTIVE HEALTH SERVICES COVERAGE WITHOUT COST SHARING.—

(A) Section 2713 of the Public Health Service Act relating to the coverage of preventive health services without cost sharing.

(B) The amendments made by sections 1043 and 1044 of the Patient Protection and Affordable Care Act (as amended by section 10406 of such Act), relating to an annual Medicare wellness visit and Medicare payment for preventive services without cost sharing including colorectal cancer screening.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey is recognized for 5 minutes in support of the motion.

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Madam Speaker, if my amendment passes, we will proceed immediately to final passage of this bill. It doesn't delay or defer consideration in any way.

My amendment raises the following question: Should Members of Congress live by the same laws we write for everyone else?

I say we should.

The last 2 days have been filled with sincere focus and passionate debate about the future of the Affordable Care Act. Members whom I respect and admire have taken strong positions saying we should repeal the law. Members

whom I respect and admire have taken strong positions saying we should uphold and enforce the law, as I believe strongly.

But whether you believe in the repeal of the law or the upholding of the law, you ought to believe in the basic principle that when we write a law around here, we should live by that law the same way everybody else does. So my final amendment says that supporters of repeal should live by the same consequences that everyone else will live by if they succeed in repealing the law.

You see, because if my amendment does not pass and the bill passes, Members of Congress will be protected if an insurance company tries to discriminate against us because we have had breast cancer or asthma or diabetes, but our constituents will not enjoy that protection.

If my amendment does not pass but the underlying repeal bill does pass, Members of Congress cannot be forced to pay higher premiums because they are female or because they are a certain age, but our constituents will not enjoy that protection.

If the final bill passes without my amendment passing, we will be able to take our sons and daughters who are less than 26 years of age and keep them on our own policies, but the people who pay our salaries, our constituents, will not have that protection.

If the underlying repeal bill passes without the amendment that I'm offering, then we would, as Members of Congress, get help paying high prescription drug bills under Medicare, but our constituents under Medicare would not enjoy that same benefit.

If my amendment does not pass, and the underlying repeal bill passes, if, God forbid, a member of our families is struck with a horrible disease or malignancy and runs up millions of dollars of bills, the insurance company will not be allowed to say, "Sorry, we're going to stop paying your health care bills because you've run up against a lifetime or annual policy limit," but Members of Congress will have that protection.

So, you see, I think this comes down to a basic point: If we write a law, we should live by it. This is something that I think most Members, liberal, conservative, Republican, Democrat, say when we go home to our district.

We, frankly, have all encountered constituents who wonder why we don't pay into Social Security. The truth is we all do—we all do—just the way our constituents do.

We run into constituents who say that they don't understand why our sons and daughters can pay off their student loans or get them forgiven for free when their kids can't. That's false. Our sons and daughters live under exactly the same student loan rules everybody else does.

We have people ask us, you know, how come we don't follow the tax laws everybody else does. We most certainly do. Republican, Democrat, liberal, and

conservative live by exactly the same laws that we write.

□ 1510

I don't think we should make an exception to that policy here. And if you don't vote for this final underlying amendment—and I think we all should—if you don't vote for this final underlying amendment, understand what happens. Members of Congress are protected against preexisting conditions, but our constituents aren't. Members of Congress are permitted to have our sons and daughters on our policies until they're 26, but our constituents can't. Members of Congress can't be charged more for premiums because of their age or their gender, but our constituents can. Members of Congress under Medicare would get certain rights and privileges and their prescription drugs, but our seniors and constituents can't.

I think whether we agree or disagree with the Affordable Care Act, we all ought to agree with this principle: When Congress writes a law, we should all live by it.

So I would respectfully say to my friends, both Republican and Democrat, if you believe in the law you're having to vote for today, then vote to live under it as well. Vote "yes" on this motion to recommit.

I yield back the balance of my time.

Mr. CANTOR. Madam Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from Virginia is recognized for 5 minutes.

Mr. CANTOR. Thank you, Madam Speaker.

First of all, I would say to the gentleman, my friend from New Jersey, we on this side of the aisle care about the health care of the American people. That's why we're here. That's why I brought this bill forward, along with and on behalf of my colleagues. It is not about Members of Congress. It is not about trying to say that you get health care and we don't get health care.

This is a dire situation for millions of Americans. There are so many things going on right now—critical, critical needs out there across this country where people are out of work, people don't have their health care. People are hurting. And for us to sit here and discuss a motion to recommit like this, I just don't think, Madam Speaker, it is what the American people would like us to be doing. It is about health care for Americans.

Most Americans do have health care. Most Americans like the health care they have, but it's just too expensive. And more and more Americans are going to go without health care because of this law. And as the President said when he first started this discussion in 2009, Americans that have health care and like it should be able to keep it. Well, that is clearly a promise that's been broken. And we are try-

ing to end the era of broken promises. We are trying to end the era of Washington-controlled health care.

We believe, as do most of the American people, that patient-centered care is our goal. That's where we need to start. We start along the path towards that goal by repealing ObamaCare. ObamaCare has added cost upon cost. In fact, the average American family, in terms of the premiums that they pay, has paid a premium increase of approximately \$1,200 since the passage of ObamaCare. In fact, the CBO estimates that insurance premiums for individuals buying private health coverage on their own will increase by \$2,100 in 2016 compared to what the premiums would have been if the law had not passed. This is why, when study after study is showing that people are not able to keep the health care they like, it's because of the cost. People aren't able to afford it. The employers are unable to afford it.

We are after patient-centered care. We are after affordable care. And we are trying to improve and enlarge the access to care. ObamaCare fails on all those fronts.

So, Madam Speaker, it is not a game to be played, as is evident in this motion to recommit. It is about the American people and that health care.

Madam Speaker, I urge my colleagues to vote against the motion to recommit and urge them instead to vote for the passage of repeal of ObamaCare.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. ANDREWS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of the bill, if ordered, and adoption of House Resolution 726.

The vote was taken by electronic device, and there were—yeas 180, nays 248, not voting 3, as follows:

[Roll No. 459]

YEAS—180

Ackerman	Butterfield	Cooper
Altmire	Capps	Costa
Andrews	Capuano	Costello
Baca	Cardoza	Courtney
Baldwin	Carnahan	Critz
Barber	Carney	Crowley
Bass (CA)	Carson (IN)	Cuellar
Becerra	Castor (FL)	Cummings
Berkley	Chandler	Davis (CA)
Berman	Chu	Davis (IL)
Bishop (GA)	Ciциlline	DeFazio
Bishop (NY)	Clarke (MI)	DeGette
Blumenauer	Clarke (NY)	DeLauro
Bonamici	Clay	Deutch
Boswell	Cleaver	Dicks
Brady (PA)	Clyburn	Dingell
Braley (IA)	Connolly (VA)	Doggett
Brown (FL)	Conyers	Donnelly (IN)

Doyle	Levin	Richardson
Edwards	Lewis (GA)	Richmond
Ellison	Lipinski	Rothman (NJ)
Engel	Loeb sack	Royalbal-Allard
Eshoo	Lofgren, Zoe	Ruppersberger
Farr	Lowey	Rush
Fattah	Lujan	Ryan (OH)
Filner	Lynch	Sanchez, Linda T.
Frank (MA)	Maloney	Sanchez, Loretta
Fudge	Markey	Sarbanes
Garamendi	Matsui	Schakowsky
Gonzalez	McCarthy (NY)	Schiff
Green, Al	McCollum	Schrader
Green, Gene	McDermott	Schwartz
Grijalva	McGovern	Scott (VA)
Gutierrez	McIntyre	Scott, David
Hahn	McNerney	Serrano
Hanabusa	Meeks	Sewell
Hastings (FL)	Michaud	Sherman
Heinrich	Miller (NC)	Sires
Higgins	Miller, George	Slaughter
Himes	Moore	Speier
Hinche y	Moran	Stark
Hinojosa	Murphy (CT)	Sutton
Hirono	Nadler	Thompson (CA)
Hochul	Napolitano	Thompson (MS)
Holden	Neal	Tierney
Holt	Olver	Tonko
Honda	Owens	Towns
Israel	Pallone	Tsongas
Jackson Lee	Pascrell	Velazquez
(TX)	Pastor (AZ)	Visclosky
Johnson (GA)	Pelosi	Walz (MN)
Johnson, E. B.	Perlmutter	Wasserman
Kaptur	Peters	Schultz
Keating	Peterson	Waters
Kildee	Pingree (ME)	Watt
Kind	Polis	Waxman
Kucinich	Price (NC)	Welch
Langevin	Quigley	Wilson (FL)
Larsen (WA)	Rahall	Woolsey
Larson (CT)	Rangel	Yarmuth
Lee (CA)	Reyes	

NAYS—248

Adams	Dent	Huizenga (MI)
Aderholt	DesJarlais	Hultgren
Akin	Diaz-Balart	Hunter
Alexander	Dold	Hurt
Amash	Dreier	Issa
Amodei	Duffy	Jenkins
Austria	Duncan (SC)	Johnson (IL)
Bachmann	Duncan (TN)	Johnson (OH)
Bachus	Ellmers	Johnson, Sam
Barletta	Emerson	Jones
Barrow	Farenthold	Jordan
Bartlett	Fincher	Kelly
Barton (TX)	Fitzpatrick	King (IA)
Bass (NH)	Flake	King (NY)
Benishek	Fleischmann	Kingston
Berg	Fleming	Kinzinger (IL)
Biggert	Flores	Kissell
Bilbray	Forbes	Kline
Bilirakis	Fortenberry	Labrador
Bishop (UT)	Fox	Lamborn
Black	Franks (AZ)	Lance
Blackburn	Frelinghuysen	Landry
Bono Mack	Galleghy	Lankford
Boren	Gardner	Latham
Boustany	Garrett	LaTourette
Brady (TX)	Gerlach	Latta
Brooks	Gibbs	Lewis (CA)
Broun (GA)	Gibson	LoBiondo
Buchanan	Gingrey (GA)	Long
Bucshon	Gohmert	Lucas
Buerkle	Goodlatte	Luetkemeyer
Burgess	Gosar	Lummis
Burton (IN)	Gowdy	Lungren, Daniel E.
Calvert	Granger	Mack
Camp	Graves (GA)	Manzullo
Campbell	Graves (MO)	Marchant
Canseco	Griffin (AR)	Marino
Cantor	Griffith (VA)	Matheson
Capito	Grimm	McCarthy (CA)
Carter	Guinta	McCauley
Cassidy	Guthrie	McClintock
Chabot	Hall	McHenry
Chaffetz	Hanna	McKeon
Coble	Harper	McKinley
Coffman (CO)	Harris	McMorris
Cohen	Hartzler	Rodgers
Cole	Hastings (WA)	Meehan
Conaway	Hayworth	Mica
Cravaack	Heck	Miller (FL)
Crawford	Hensarling	Miller (MI)
Crenshaw	Herger	Miller, Gary
Culberson	Herrera Beutler	Mulvaney
Davis (KY)	Hoyer	Murphy (PA)
Denham	Huelskamp	

Myrick	Rogers (KY)	Stearns	Forbes	Latham	Roby	McGovern	Rahall	Slaughter
Neugebauer	Rogers (MI)	Stivers	Fortenberry	LaTourette	Roe (TN)	McNerney	Rangel	Smith (WA)
Noem	Rohrabacher	Stutzman	Fox	Latta	Rogers (AL)	Meeks	Reyes	Speier
Nugent	Rokita	Sullivan	Franks (AZ)	Lewis (CA)	Rogers (KY)	Michaud	Richardson	Stark
Nunes	Rooney	Terry	Frelinghuysen	LoBiondo	Rogers (MI)	Miller (NC)	Richmond	Sutton
Nunnelee	Ros-Lehtinen	Thompson (PA)	Gallegly	Long	Rohrabacher	Miller, George	Rothman (NJ)	Thompson (CA)
Olson	Roskam	Thornberry	Gardner	Lucas	Rokita	Moore	Roybal-Allard	Thompson (MS)
Palazzo	Ross (AR)	Tiberi	Garrett	Luetkemeyer	Rooney	Moran	Ruppersberger	Tierney
Paul	Ross (FL)	Tipton	Gerlach	Lummis	Ros-Lehtinen	Murphy (CT)	Rush	Tonko
Paulsen	Royce	Turner (NY)	Gibbs	Lungren, Daniel	Roskam	Nadler	Ryan (OH)	Towns
Pearce	Runyan	Turner (OH)	Gibson	E.	Ross (AR)	Napolitano	Sánchez, Linda	Tsongas
Pence	Ryan (WI)	Upton	Gingrey (GA)	Mack	Ross (FL)	Neal	T.	Van Hollen
Petri	Scalise	Walberg	Gohmert	Manzullo	Royce	Olver	Sanchez, Loretta	Velázquez
Pitts	Schilling	Walden	Goodlatte	Marchant	Runyan	Owens	Sarbanes	Visclosky
Platts	Schmidt	Walsh (IL)	Gosar	Marino	Ryan (WI)	Pallone	Schakowsky	Walz (MN)
Poe (TX)	Schock	Webster	Gowdy	Matheson	Scalise	Pascarell	Schiff	Wasserman
Pompeo	Schweikert	West	Granger	McCarthy (CA)	Schilling	Pastor (AZ)	Schrader	Schultz
Posey	Scott (SC)	Westmoreland	Graves (GA)	McCaul	Schmidt	Pelosi	Schwartz	Waters
Price (GA)	Scott, Austin	Whitfield	Graves (MO)	McClintock	Schock	Perlmutter	Scott (VA)	Watt
Quayle	Sensenbrenner	Wilson (SC)	Griffin (AR)	McHenry	Schweikert	Peters	Scott, David	Waxman
Reed	Sessions	Wittman	Griffith (VA)	McIntyre	Scott (SC)	Peterson	Serrano	Welch
Rehberg	Shimkus	Wolf	Grimm	McKeon	Scott, Austin	Pingree (ME)	Sewell	Wilson (FL)
Reichert	Shuler	Womack	Guinta	McKinley	Sensenbrenner	Polis	Sherman	Woolsey
Renacci	Shuster	Woodall	Guthrie	McMorris	Sessions	Price (NC)	Shuler	Yarmuth
Ribble	Simpson	Yoder	Hall	Rodgers	Shimkus	Quigley	Sires	
Rigell	Smith (NE)	Young (AK)	Hanna	Meehan	Shuster			
Rivera	Smith (NJ)	Young (FL)	Harper	Mica	Simpson			
Roby	Smith (TX)	Young (IN)	Harris	Miller (FL)	Smith (NE)	Bonner	Jackson (IL)	
Roe (TN)	Smith (WA)		Hartzler	Miller (MI)	Smith (NJ)			
Rogers (AL)	Southerland		Hastings (WA)	Miller, Gary	Smith (TX)			
			Hayworth	Mulvaney	Southerland			
			Heck	Murphy (PA)	Stearns			
			Hensarling	Myrick	Stivers			
			Herger	Neugebauer	Stutzman			
			Herrera Beutler	Noem	Sullivan			
			Huelskamp	Nugent	Terry			
			Huizenga (MI)	Nunes	Thompson (PA)			
			Hultgren	Nunnelee	Thornberry			
			Hunter	Olson	Tiberi			
			Hurt	Palazzo	Tipton			
			Issa	Paul	Turner (NY)			
			Jenkins	Paulsen	Turner (OH)			
			Johnson (IL)	Pearce	Upton			
			Johnson (OH)	Pence	Walberg			
			Johnson, Sam	Petri	Walden			
			Jones	Pitts	Walsh (IL)			
			Jordan	Platts	Webster			
			Kelly	Poe (TX)	West			
			King (IA)	Pompeo	Westmoreland			
			King (NY)	Posey	Whitfield			
			Kingston	Price (GA)	Wilson (SC)			
			Kinzinger (IL)	Quayle	Wittman			
			Kissell	Reed	Wolf			
			Kline	Rehberg	Womack			
			Labrador	Reichert	Woodall			
			Lamborn	Renacci	Yoder			
			Lance	Ribble	Young (AK)			
			Landry	Rigell	Young (FL)			
			Lankford	Rivera	Young (IN)			

NOT VOTING—3

Bonner Jackson (IL) Van Hollen

□ 1545

Messrs. RIGELL, GARY G. MILLER of California, PALAZZO, BARROW, and SMITH of Washington changed their vote from “yea” to “nay.”

Messrs. CICILLINE, CHANDLER, and CONYERS changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. VAN HOLLEN. Madam Speaker, on roll-call No. 459, I was unavoidably detained. Had I been present, I would have voted “yea.”

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. ANDREWS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 244, noes 185, not voting 2, as follows:

[Roll No. 460]

AYES—244

Adams	Boustany	Cravaack
Aderholt	Brady (TX)	Crawford
Akin	Brooks	Crenshaw
Alexander	Broun (GA)	Culberson
Amash	Buchanan	Davis (KY)
Amodi	Bucshon	Denham
Austria	Buerkle	Dent
Bachmann	Burgess	DesJarlais
Bachus	Burton (IN)	Diaz-Balart
Barletta	Calvert	Dold
Bartlett	Camp	Dreier
Barton (TX)	Campbell	Duffy
Bass (NH)	Canseco	Duncan (SC)
Benishek	Cantor	Duncan (TN)
Berg	Capito	Ellmers
Biggert	Carter	Emerson
Bilbray	Cassidy	Farenthold
Billrakis	Chabot	Fincher
Bishop (UT)	Chaffetz	Fitzpatrick
Black	Coble	Flake
Blackburn	Coffman (CO)	Fleischmann
Bono Mack	Cole	Fleming
Boren	Conaway	Flores

Ackerman	Cooper	Higgins
Altmire	Costa	Himes
Andrews	Costello	Hinche
Baca	Courtney	Hinojosa
Baldwin	Critz	Hirono
Barber	Crowley	Hochul
Barrow	Cuellar	Holden
Bass (CA)	Cummings	Holt
Becerra	Davis (CA)	Honda
Berkley	Davis (IL)	Hoyer
Berman	DeFazio	Israel
Bishop (GA)	DeGette	Jackson Lee
Bishop (NY)	DeLauro	(TX)
Blumenauer	Deutch	Johnson (GA)
Bonamici	Dicks	Johnson, E. B.
Boswell	Dingell	Kaptur
Brady (PA)	Doggett	Keating
Braley (IA)	Donnelly (IN)	Kildee
Brown (FL)	Doyle	Kind
Butterfield	Edwards	Kind
Capps	Ellison	Kucinich
Cardoza	Engel	Langevin
Carmahan	Eshoo	Larsen (WA)
Carney	Farr	Larson (CT)
Carson (IN)	Fattah	Lee (CA)
Castor (FL)	Filner	Levin
Chandler	Frank (MA)	Lewis (GA)
Chu	Fudge	Lipinski
Cicilline	Garamendi	Loeback
Clarke (MI)	Gonzalez	Lofgren, Zoe
Clarke (NY)	Green, Al	Lowey
Clay	Green, Gene	Lujan
Cleaver	Grijalva	Lynch
Clyburn	Gutierrez	Maloney
Cohen	Hahn	Markey
Connolly (VA)	Hanabusa	Matsui
Conyers	Hastings (FL)	McCarthy (NY)
	Heinrich	McCollum
		McDermott

NOES—185

NOT VOTING—2

□ 1553

So the bill was voted. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE CONGRESSIONAL CHALLENGE CUP

(Mr. CRENSHAW asked and was given permission to address the House for 1 minute.)

Mr. CRENSHAW. Madam Speaker and Members of the House, I've been asked to report the results of a competition that took place on Monday at the Columbia Country Club.

The competition is called the Congressional Challenge Cup. It's an event where a team of golfers from the Democratic side of the House plays a team of golfers from the Republican side of the House. I wanted to report to the House that this year's winner of the Congressional Challenge Cup is the Republican team.

Very briefly, I want to thank my teammates: TREY GOWDY, MICK MULVANEY, JEFF DUNCAN, DUNCAN HUNTER, TOM ROONEY, REID RIBBLE, and STEVE SOUTHERLAND. I want to thank them for their dedication, their hard work, and, most of all, for just showing up.

The big winner, Madam Speaker, is an organization called the First Tee. Over the last 11 years that we've had this competition, over \$1.5 million has been raised for the First Tee. This is an organization that works with young people to try to touch their lives through educational programs that deal with character, honesty, integrity. They work in all 50 States. They've touched the lives of 4.5 million people over the years, and they do a lot of work in the inner cities and for the less fortunate.

So it was a great day, and I want to thank everybody for their involvement.

Certainly, I want to yield time to my Democratic counterpart, to the captain of the Democratic team, Mr. YARMUTH.

Mr. YARMUTH. I thank my good friend from Florida.

I want to congratulate the Republicans on their victory.

All good things must come to an end. Our 5-year winning streak was broken through, largely, superior play, although I do question some of the strategy that was invoked by the Republican team, notably Mr. MULVANEY and Mr. GOWDY wearing matching plaid Bermuda shorts, which distracted all of my team members.

But seriously, this is a great event, and it was conducted very much in accordance with the nine core values that the First Tee espouses, particularly sportsmanship, honesty, integrity, and courtesy. I think all of us enjoyed the day and left the event much closer than when we started. There was a great spirit of collegiality as well as competition.

Once again, I want to thank all of my fellow team members on the Democratic side. I congratulate the Republicans. Once again, I congratulate and thank the First Tee for all they do to promote high qualities among our youth in America.

Mr. CRENSHAW. Madam Speaker, I yield back the balance of my time.

PROVIDING FOR CONSIDERATION OF H.R. 4402, NATIONAL STRATEGIC AND CRITICAL MINERALS PRODUCTION ACT OF 2012

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The unfinished business is the vote on adoption of the resolution (H. Res. 726) providing for consideration of the bill (H.R. 4402) to require the Secretary of the Interior and the Secretary of Agriculture to more efficiently develop domestic sources of the minerals and critical materials of strategic and critical importance to United States economic and national security and manufacturing competitiveness, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the resolution.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 245, nays 180, not voting 6, as follows:

[Roll No. 461]

YEAS—245

Adams	Bono Mack	Chabot
Aderholt	Boren	Chaffetz
Akin	Boustany	Coble
Alexander	Brady (TX)	Coffman (CO)
Amash	Brooks	Cole
Amodעי	Broun (GA)	Conaway
Austria	Buchanan	Cravaack
Bachmann	Bucshon	Crawford
Bachus	Buerkle	Crenshaw
Barletta	Burgess	Culberson
Bartlett	Burton (IN)	Davis (KY)
Barton (TX)	Calvert	Denham
Bass (NH)	Camp	Dent
Benishak	Campbell	DesJarlais
Berg	Canseco	Diaz-Balart
Biggert	Cantor	Dold
Bilbray	Capito	Donnelly (IN)
Bilirakis	Carney	Dreier
Black	Carter	Duffy
Blackburn	Cassidy	Duncan (SC)

Duncan (TN)	Kline	Rivera
Ellmers	Labrador	Roby
Emerson	Lamborn	Roe (TN)
Farenthold	Lance	Rogers (AL)
Fincher	Landry	Rogers (KY)
Fitzpatrick	Lankford	Rogers (MI)
Flake	LaTham	Rohrabacher
Fleischmann	LaTourette	Rokita
Fleming	Latta	Rooney
Flores	Lewis (CA)	Ros-Lehtinen
Forbes	LoBiondo	Roskam
Fortenberry	Long	Ross (AR)
Foxx	Lucas	Ross (FL)
Franks (AZ)	Luetkemeyer	Royce
Frelinghuysen	Lungren, Daniel E.	Runyan
Gardner	E.	Ryan (WI)
Garrett	Mack	Scalise
Gerlach	Manzullo	Schilling
Gibbs	Marchant	Schmidt
Gibson	Marino	Schock
Gingrey (GA)	Matheson	Schweikert
Gohmert	McCarthy (CA)	Scott (SC)
Goodlatte	McCaul	Scott, Austin
Gosar	McClintock	Sensenbrenner
Gowdy	McHenry	Sessions
Granger	McIntyre	Shimkus
Graves (GA)	McKeon	Shuler
Graves (MO)	McKinley	Shuster
Griffin (AR)	McMorris	Simpson
Griffith (VA)	Rodgers	Smith (NE)
Grimm	Meehan	Smith (NJ)
Guinta	Mica	Smith (TX)
Guthrie	Miller (FL)	Southerland
Hall	Miller (MI)	Stearns
Hanna	Miller, Gary	Stivers
Harper	Mulvaney	Stutzman
Harris	Murphy (PA)	Sullivan
Hartzler	Myrick	Terry
Hastings (WA)	Neugebauer	Thompson (PA)
Hayworth	Noem	Thornberry
Heck	Nugent	Tiberi
Hensarling	Nunes	Tipton
Herger	Nunnelee	Olson
Herrera Beutler	Owens	Turner (NY)
Hochul	Palazzo	Turner (OH)
Huelskamp	Paul	Upton
Huizenga (MI)	Paulsen	Walberg
Hultgren	Pearce	Walden
Hunter	Pence	Walsh (IL)
Hurt	Petri	Webster
Issa	Pitts	West
Jenkins	Platts	Westmoreland
Johnson (IL)	Poe (TX)	Whitfield
Johnson (OH)	Pompeo	Wilson (SC)
Johnson, Sam	Posey	Wittman
Jones	Price (GA)	Wolf
Jordan	Quayle	Womack
Kelly	Rehberg	Woodall
King (IA)	Reichert	Yoder
King (NY)	Renacci	Young (AK)
Kingston	Ribble	Young (FL)
Kinzinger (IL)	Rigell	Young (IN)
Kissell		

NAYS—180

Ackerman	Cohen	Grijalva
Altmire	Connolly (VA)	Gutierrez
Andrews	Conyers	Hahn
Baca	Cooper	Hanabusa
Baldwin	Costa	Hastings (FL)
Barber	Costello	Heinrich
Barrow	Courtney	Higgins
Bass (CA)	Critz	Himes
Becerra	Crowley	Hinchev
Berkley	Cuellar	Hinojosa
Berman	Cummings	Hirono
Bishop (GA)	Davis (CA)	Holden
Bishop (NY)	Davis (IL)	Holt
Blumenauer	DeFazio	Honda
Bonamici	DeGette	Hoyer
Boswell	DeLauro	Israel
Brady (PA)	Deutch	Jackson Lee
Brady (IA)	Dicks	(TX)
Brown (FL)	Dingell	Johnson (GA)
Butterfield	Doggett	Johnson, E. B.
Capps	Doyle	Kaptur
Capuano	Edwards	Keating
Carson	Ellison	Kildee
Carroll	Engel	Kind
Carson (IN)	Eshoo	Kucinich
Castor (FL)	Farr	Langevin
Chandler	Fattah	Larsen (WA)
Chu	Filner	Larson (CT)
Cicilline	Frank (MA)	Lee (CA)
Clarke (MI)	Fudge	Levin
Clarke (NY)	Garamendi	Lewis (GA)
Clay	Gonzalez	Lipinski
Cleaver	Green, Al	Loebsock
Clyburn	Green, Gene	Lofgren, Zoe

Lowey	Peters	Sewell
Lujan	Peterson	Sherman
Lynch	Pingree (ME)	Sires
Maloney	Polis	Slaughter
Markey	Price (NC)	Smith (WA)
Matsui	Quigley	Speier
McCarthy (NY)	Rahall	Stark
McCollum	Rangel	Sutton
McDermott	Reyes	Thompson (CA)
McGovern	Richardson	Thompson (MS)
McNerney	Richmond	Tierney
Meeks	Rothman (NJ)	Tonko
Michaud	Roybal-Allard	Towns
Miller (NC)	Ruppersberger	Tsongas
Miller, George	Rush	Van Hollen
Moore	Ryan (OH)	Velázquez
Moran	Sánchez, Linda T.	Visclosky
Murphy (CT)	T.	Walz (MN)
Nadler	Sanchez, Loretta	Wasserman
Napolitano	Sarbanes	Schultz
Neal	Schakowsky	Waters
Olver	Schiff	Watt
Pallone	Schrader	Waxman
Pascarell	Schwartz	Welch
Pastor (AZ)	Scott (VA)	Wilson (FL)
Pelosi	Scott, David	Woolsey
Perlmutter	Serrano	Yarmuth

NOT VOTING—6

Bishop (UT)	Gallegly	Lummis
Bonner	Jackson (IL)	Reed

□ 1606

So the resolution was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. WESTMORELAND. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 6079.

The SPEAKER pro tempore (Mr. FLORES). Is there objection to the request of the gentleman from Georgia?

There was no objection.

HOUR OF MEETING ON TOMORROW

Mr. WESTMORELAND. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

PERMISSION FOR MEMBER TO BE CONSIDERED AS FIRST SPONSOR OF H.R. 2181

Mr. BUTTERFIELD. Mr. Speaker, I ask unanimous consent to be considered as the first sponsor of H.R. 2181, a bill to authorize National Mall Liberty Fund D.C. to establish a memorial on Federal land in the District of Columbia to honor free persons and slaves who fought for independence, liberty, and justice for all during the American Revolution.

The bill was authored and introduced by our friend and colleague, the late Donald Payne, Sr., from the State of New Jersey.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

MINNESOTA LEADS IN CHARTER SCHOOL MOVEMENT

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Mr. Speaker, my home State of Minnesota has a remarkable legacy when it comes to charter school education. By launching the first charter schools in the country, along with leading the way in public education and reform nationwide, we have been able to serve our students and community for the past 20 years in a better way.

In celebrating two decades now of achievement, let's ensure that this tradition continues by looking for further ways to improve these schools, making them effective for all American students. I was pleased, Mr. Speaker, that my amendment to the Empowering Parents Through Quality Charter Schools Act not only enhances teaching methods in schools, but also breaks down the barriers to make charter schools more accessible for the thousands of students that are now wait-listed across the country.

Young people should have the opportunity for a good education regardless of their ZIP code.

Mr. Speaker, I want to recognize the recent anniversary for charter schools and encourage their support in the years to come.

□ 1610

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker the draft farm bill, unfortunately, contains serious damage to the Supplemental Nutrition Assistance Program, the foundational food lifeline for millions of Americans. What a shame when unemployment levels remain too high, with the cost of living rising, with food prices going up that affect so many of our senior citizens, and millions of Americans who live at the edge. Surely this Congress can do better.

Wall Street speculators and bankers got to keep all their bonuses, and the Republican majority can't seem to find their way to ask the richest to pay something to help our Republic close the gap. Millionaires and billionaires, couldn't they forego some of their ill-gotten treasure, especially the speculators who led this Republic to the edge?

What do the Republicans do? Literally take food out of the mouths of children, seniors, the unemployed, the disabled—\$16 billion worth. Citizens who live at the edge of poverty receive \$1.50 per meal in benefits.

The farm bill thus far takes food off the table of up to 3 million Americans and asks nothing of millionaires and billionaires. What a shame.

I urge my colleagues to oppose the cuts to SNAP.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I rise today to oppose the deep cuts proposed to the Supplemental Nutrition Assistance Program.

The SNAP program provides low-income families, our disableds, and our elderly essential access to healthy foods. We should not ask our most vulnerable citizens to go hungry to balance the Federal budget. A cut of \$16 billion in SNAP benefits will not achieve that balanced budget.

SNAP benefits not only provide needed nutritional support to recipients; they support local economies and our farm operations by boosting sales of fresh fruit and vegetables at farmers markets and local grocery stores. Our Nation's farmers and ranchers produce high-quality abundant foods in a system that is the envy of the world.

There is no reason for anyone to go hungry in the United States. Let's produce a food and farm bill that each day gives farmers a fair deal and ensures all of our citizens nutritious meals.

GAME CHANGER FOR FOOTBALL FANS

(Mr. HIGGINS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HIGGINS. Mr. Speaker, in my home town of Buffalo, New York, nearly half the Bills games were blacked out last season because, despite an average game attendance of 67,000, the games were not sellouts because Ralph Wilson Stadium is one of the largest in the league.

Last week, we learned that NFL owners passed a resolution allowing teams to decide to broadcast games locally when more than 85 percent of seats are filled. This is a change to current policy, which requires a stadium to be sold out.

If teams embrace this new policy, it will be a game changer for football fans in Buffalo and across the Nation. This change would not have been possible without the hard work and dedication of loyal sports fans, including Sports Fans Coalition, the Buffalo Fan Alliance, and the Bills Mafia.

I urge the NFL owners to opt into this policy and the Federal Communications Commission to consider a similar policy change. Fans support their local stadiums with their tax dollars. It's time for teams to give back something in return for that commitment that they have made.

BLOCKING PROPERTY OF PERSONS THREATENING THE PEACE, SECURITY, OR STABILITY OF BURMA—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 112-123)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Pursuant to the International Emergency Economic Powers Act (50 U.S.C. 1701 et seq.) (IEEPA), I hereby report that I have issued an Executive Order (the "order") that modifies the scope of the national emergency declared in Executive Order 13047 of May 20, 1997, as modified in scope in Executive Order 13448 of October 18, 2007, and relied upon for additional steps taken in Executive Order 13310 of July 28, 2003, Executive Order 13448 of October 18, 2007, and Executive Order 13464 of April 30, 2008, and takes additional steps with respect to that national emergency.

In Executive Order 13047, the President found that the Government of Burma committed large-scale repression of the democratic opposition in Burma after September 30, 1996, and further determined that the actions and policies of the Government of Burma constitute an unusual and extraordinary threat to the national security and foreign policy of the United States. To address that threat and to implement section 570 of the Foreign Operations, Export Financing, and Related Appropriations Act, 1997 (Public Law 104-208), the President in Executive Order 13047 prohibited new investment in Burma. On July 28, 2003, the President issued Executive Order 13310, which contained prohibitions implementing certain provisions of the Burmese Freedom and Democracy Act of 2003 (Public Law 108-61) and blocked the property and interests in property of persons listed in the Annex to Executive Order 13310 or determined by the Secretary of the Treasury, in consultation with the Secretary of State, to meet designation criteria specified in Executive Order 13310. In Executive Order 13448, the President expanded the scope of the national emergency declared in Executive Order 13047, incorporated existing designation criteria set forth in Executive Order 13310, blocked the property and interests in property of persons listed in the Annex to Executive Order 13448, and provided additional criteria for designations of other persons. In Executive Order 13464, the President blocked the property and interests in property of persons listed in the Annex to Executive Order 13464 and provided additional criteria for designations of other persons.

While the Government of Burma has made progress towards political reform in a number of areas, including by releasing hundreds of political prisoners, pursuing ceasefire talks with several

armed ethnic groups, and pursuing a substantive dialogue with the democratic opposition, this reform is fragile. I support this reform in Burma and the building of a democratic political process that will allow all of the people of Burma to be represented. However, I have found that the continued detention of political prisoners, efforts to undermine or obstruct the political reform process, efforts to undermine or obstruct the peace process with ethnic minorities, military trade with North Korea, and human rights abuses in Burma, particularly in ethnic areas, effectuated by persons within and outside the Government of Burma, constitute an unusual and extraordinary threat to the national security and foreign policy of the United States. To address this situation, the order imposes additional measures with respect to Burma.

The order provides criteria for designations of persons determined by the Secretary of the Treasury, in consultation with or at the recommendation of the Secretary of State:

To have engaged in acts that directly or indirectly threaten the peace, security, or stability of Burma, such as actions that have the purpose or effect of undermining or obstructing the political reform process or the peace process with ethnic minorities in Burma;

To be responsible for or complicit in, or responsible for ordering, controlling, or otherwise directing, or to have participated in, the commission of human rights abuses in Burma;

To have, directly or indirectly, imported, exported, reexported, sold or supplied arms or related materiel from North Korea or the Government of North Korea to Burma or the Government of Burma;

To be a senior official of an entity that has engaged in the acts described above;

To have materially assisted, sponsored, or provided financial, material, or technological support for, or goods or services to or in support of, the acts described above or any person whose property and interests in property are blocked pursuant to the order; or

To be owned or controlled by, or to have acted or purported to act for or on behalf of, directly or indirectly, any person whose property and interests in property are blocked pursuant to the order.

I have delegated to the Secretary of the Treasury the authority, in consultation with the Secretary of State, to take such actions, including the promulgation of rules and regulations, and to employ all powers granted to the President by IEEPA as may be necessary to carry out the purposes of the order.

All agencies of the United States Government are directed to take all appropriate measures within their authority to carry out the provisions of the order.

I am enclosing a copy of the Executive Order I have issued.

BARACK OBAMA.
THE WHITE HOUSE, July 11, 2012.

□ 1620

AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. TONKO) is recognized for 60 minutes as the designee of the minority leader.

Mr. TONKO. This evening we are going to address for the coming hour with a couple of our colleagues the issues of affordable health care and the fact that we see a pattern here that's established by the House that seems to walk away from the needs of a middle class, a working class in this society. Our country depends upon a thriving middle class, one that is given the respect and the dignity it so much deserves. And with the attacks on Social Security with its 76-year old history and the efforts to privatize Social Security, we understand that that would put at risk a number of people.

Not a single cent of Social Security was lost to its recipients during the very painful recession. And likewise, in the mid-sixties we saw the emergence of Medicare, which allowed for, again, the dignity factor to be presented and found in the midst of our senior households where, at that point in time, prior to Medicare, those who would retire would anticipate a decline in their income and their economic security simply because of the impact that their health care costs would have on their retirement years. Since then, not only have we seen a stronger sense of security and stability in those senior households, but we have seen a strengthening of the response to the health care needs of our seniors because of the stability that Medicare produced and the quality of the care that has been part and parcel to the Medicare history.

And so now, in its infancy, the Affordable Care Act is under threats with the repeal measure that was just taken on this House floor to undo the progress that was achieved for, again, America's health care consumers. It is a troubling notion, at best. This hour of discussion will be dedicated to the concerns that we have for the economic ripple effects that befall the middle class, which needs to be a thriving middle class, and the impact of several of these attacks that seem to undermine the very foundations upon which security is provided to America's great populations.

So we're concerned. We're concerned about that repeal and what it means, what is removed from the equation of success that was brought about a couple of years ago as we worked in a bipartisan, bicameral way with the White House to make certain that a growing need out there that found this country as the only industrialized nation to not have a universal health care program, when that is put at risk again because of the efforts to repeal.

We are joined by my colleague from California, Representative JOHN GARAMENDI.

JOHN, you witnessed this vote just now to repeal health care. The Affordable Care Act was providing hope and opportunity and promise to all generations in this American mosaic. It is a tragic moment.

Mr. GARAMENDI. Mr. TONKO, thank you so very much. And thank you for beginning this discussion by going back into the history of the United States back to the development of Social Security and the extraordinary benefit that that has brought to not only seniors but to their children, to families, knowing that when retirement age approached—65—there would be a foundation for whatever retirement program a person would have, and also for pointing out that for years now, and certainly in the recent decade, our Republican colleagues have called for the privatization of Social Security.

Now if you trust Wall Street, then I guess it's a good idea. If we had any lesson, we should have had the lesson of 2008 and 2009, when Wall Street turned its back on the American public and simply ripped us off to a fare-thee-well and nearly collapsed the world economy. Were it not for the efforts of the Obama administration and, frankly, this Congress, it may very well have happened.

And then you pointed out Medicare coming along in 1964, 1965 and the way in which that has protected seniors. I remember as a young child—I think I was probably 7 or 8—my dad took me down to the county hospital to visit one of our neighbor ranchers. I've got to tell you it was horrible. That was the only care available for a senior who had no money. And then Medicare came along, and 60 percent of America's seniors were in poverty prior to Medicare. Now, with Social Security and Medicare, it's somewhere around 10, 15 percent. An enormous boost. Yet twice this House has voted to terminate Medicare. Not the Democrats. Our Republican colleagues twice have voted to terminate Medicare so that every American less than 55 years of age would not receive Medicare. They would be given a voucher and told to go fight as best they could in the private insurance market.

And then today, another major effort by the Democrats to provide health care for all Americans—a health insurance policy that you knew was there, that you could count on, that would be affordable. The 31st time, today, a full repeal or a partial repeal was taken up and passed by our Republican colleagues.

So what's an American to do? What does it mean to Americans? Let's spend some time talking about what this means to Americans if you didn't have Medicare. If you don't have the Affordable Care Act, what would it mean?

I'm going to start, if I might, or would you like to start?

Mr. TONKO. Absolutely. We, I know, are joined by some of our colleagues. But if you want to go through your chart.

Mr. GARAMENDI. Let me just take up the Patient's Bill of Rights very, very quickly. I was the insurance commissioner in California for 8 years. The insurance industry puts people behind profits. Profits before people. And they're concerned about making sure that they have a healthy group of customers. They don't want sick people. Sick people cost money. So over the years they have developed a whole set of discriminatory practices to exclude from coverage people they don't want to take care of because they might be expensive.

So in the Affordable Care Act there is the Patient's Bill of Rights that forces the insurance companies to end insurance discrimination. And here's just some of them:

Children with preexisting conditions. An example, my chief of staff, his son was covered by insurance the day he was born. The second day of his life they discovered that kid had very serious renal failure; kidney failure. Bam, the insurance was over. That family was off their insurance policy; gone, done. No longer. We're talking about I think 14 million American children that are going to get coverage regardless of what their health circumstances might be.

Young adults. This one is close to home. I've got six children. Every one of them have passed through that age of 21 when they were no longer on our insurance policy. Most recently, my daughter. Twenty-one years of age, covered by an insurance company for 21 years and 9 months. The day of her 21st birthday, off the insurance policy. We're now talking about every young American 21 to 26 stays on their parents' health policy.

She also happens to be a woman. Women are discriminated against in insurance because they have a preexisting condition: They could get pregnant. That's expensive. We don't want to cover them, say the insurance companies. No, no. Under the Patient's Bill of Rights, the discrimination against every woman in America on their insurance policy is over. Apparently, our Republican colleagues don't care about these very, very important efforts to end insurance discrimination.

We can go on here. Seniors. Who among us doesn't have a preexisting condition? High blood pressure, juvenile diabetics, type II diabetes. Try to get insurance without the Affordable Care Act—you're out of luck. You won't get insurance.

□ 1630

So the Patient's Bill of Rights, should today's action become law, is repealed, and along with it, the protections that 315 million Americans presently have—presently have. No more insurance discrimination. The ability to get insurance is guaranteed. No more discrimination.

Yes, I'm a little passionate about this one because I've watched this. I've

watched this as insurance commissioner. I fought the insurance companies day in and day out as they denied coverage, as they refused to provide the coverage, as they told people they couldn't get care. But the law is in place now. The law is in place, and it's going to stay in place despite the vote today.

Mr. TONKO, thank you.

Mr. TONKO. And interestingly, Representative GARAMENDI, we've been reminded I think by the general public that the legislature, the legislative body here, Congress, took up the bill. They passed it. It went over to the President. He signed it. The highest court in the land, a conservative-leaning court, reviewed it, made their decision and rendered a decision that said it met with constitutionality.

People are saying go forward. Move on. Get to the issues that now have got to be resolved, and that is the economy, creating the jobs, producing the post-recession responsiveness that people so much require and deserve, and that's where they're at.

We've been joined by Representative ELEANOR HOLMES NORTON who has joined us.

Representative, thank you for joining us in the Special Order.

Ms. NORTON. Well, I want to thank you, Representative TONKO, and my other good colleague, Representative GARAMENDI, for leading this special order and for offering the perspective that you've begun this hour with, something that our fathers and grandfathers are responsible for, the Greatest Generation, and now has been embraced by the American people. And as proud Democrats, we are very, very proud of that, of these very important reforms.

I wanted to come to the floor as well to offer some real-life, real-time evidence as people try to judge what they've heard on the floor today and what they heard on the floor yesterday about the health care bill. We teach our children fair play, you win some, you lose some. And when you lose, then you've lost that one; you try again another time.

What they've seen in the House this year and last year are the Republicans trying to repeal financial reform. They lost that. It's as if the law of the land weren't the law of the land. Now they're trying to repeal health care reform even when the Supreme Court announces the law of the land. They've come to the point where they do not recognize the law of the land as announced by passage in the Senate and the House, signature of the President, and, in the case of the health care reform bill, the imprimatur, which is the last word, of the Supreme Court.

But as I heard the debate, I was concerned that the American people would be concerned in the face of this economy about what they hear our colleagues on the other side say the health care bill will do to the economy, and attempt to essentially frighten

people, especially yesterday when the Republicans came forward with a usual set of horrors, this after the bill was passed, now when we ought to be thinking of the best ways to implement it. But none of those horrors about what was going to happen because of the health care bill was data based.

We ought to ask ourselves: Why would the Republicans not use the one existing experience that we have, the 6-year experience of the Massachusetts health care law, which is the very model for the health care law we passed? And that, of course, was a law that was engineered by their own candidate for President, Mitt Romney.

Well, I had occasion to look at the experience under that bill because, as you may know, our colleagues had hearings all around the House yesterday on health care reform as a prelude to the repeal vote on the floor. And I was in the Oversight and Government Reform Committee, and the hearing was on the impact on jobs. Now, if you want to scare the American people, tell them that the bill is going to add to the problems in their jobs.

One of the witnesses was a State senator from Massachusetts, who has been a State senator for 2 years. He was not in the senate when Governor Romney's bill was passed. He is the CEO of Cape Air. That's a 1,000-employee company. It's a tough business because it's the airline business. It's a regional airline. And he had some real-time experience for us.

And I think it's important just to say a few words about what Massachusetts Senator Daniel Wolf said who for 6 years served on the Federal Reserve Board's Advisory Council of New England, who was board chair of one of the largest chambers of commerce in Massachusetts and is a trustee of the largest mutual bank in the Cape and Islands region. He is a small businessman of the kind we have in mind when we talk about small business. This is what he reported: That his premiums today—under the Massachusetts bill which this bill, our bill, is patterned after—are roughly 3 percent of his company's gross income. And to quote him: "Health care reform has not stifled business." Since the passage of the Massachusetts health care reform bill, the very bill that is the model for our health care bill, this company has added 15 percent more Massachusetts-based jobs.

He talked about premiums. Importantly, he said that just before the passage of the Massachusetts law, premiums were going up 15 to 20 percent. They are down now—going up 5 percent. And he said last year he was able to negotiate a 5 percent decrease. My friends, part of this, a great part of this, has to do with the large insurance pool that, of course, Massachusetts citizens are in now when you see these reductions.

The State spending for health care reform programs last year represented a 1.4 percent increase in the State

budget. Two-thirds of their residents support the health care reform.

It was extraordinary testimony from a businessman who had no reason to come forward. He's not a politician. Yes, he's in the State senate, but he has the credibility of being in the Senate and being a quintessential small businessman.

I want to suggest to my colleagues that there's a reason why our colleagues do not point to the only real experience that could tell us something about what is going to happen with this law, and that is because they are not driven by data, but by some ideology that is not understandable. But once you get it in your head that if you're against the bill even when it's passed, you've got to do all you can to kill it—If it's health care reform, you kill health care reform. If it's financial reform, even after the worst recession since the Great Depression, then you try to kill that.

I think that in hearing what has happened in Massachusetts that you would think Mitt Romney would be shouting from the hilltops about it. When you see what's happened in Massachusetts, what the Republicans, what we ourselves should be doing is studying in depth the experience of Massachusetts, seeing what their mistakes were, looking at their successes, instead of throwing horrors out there based on no data and based on nothing.

□ 1640

I thank you for coming forward to start a discussion that helps give the American people some broader sense of what this struggle is about and helps them to understand that when they hear the word "repeal," it is not what it means. In order to repeal, you have to get both Houses and the signature of the President.

People should be alerted that this law is here to stay. It is almost impossible—it will be almost impossible, unless there is a Herculean change in the House, the Senate, and the Presidency, to change the Congress in the direction of those who oppose the law. Absent that, every Member of this House who believes in law and order, who believes in the rule of law, has an obligation to sit down together to make this law work and not try to undermine it. To the extent that you undermine it, you are now undermining the health care of the citizens of the United States of America.

Mr. TONKO. Thank you, Representative HOLMES NORTON.

You know, you talk about the struggle and the move to repeal. It obviously didn't place consumers first and foremost in that thought process. It was probably listening to those deep pockets of interest that did not want to be pulled to the table to provide better outcomes for our consumers.

Look at the benefits of the health care law for our seniors: 5.1 million seniors receiving savings on their prescription drugs. Actually, I've seen this

number as high as 5.3 million, and probably climbing in the short order of time. What an important, significant savings. I hear it all the time from seniors in my district who are always reaching into their pockets after that doughnut hole is hit, and they get the benefit for a while until they hit a certain threshold. As we all know, many, in a short order of months, are digging into their own pockets. These are medications that are required to stay well, and in many cases to stay alive.

There are 32.5 million seniors receiving free preventative services—health care screenings, the annual checkup, flu shots—items that are brought to their benefit in order to, again, underscore the value added of wellness. Strengthening consumer protections for seniors in the part D program, something I heard a lot of favorable review about, and 85 percent of Medicare Advantage plan revenues going toward senior medical care rather than profits for the insurance industry.

So these are big changes. These are changes that were welcomed by the senior community. I can tell you, if you close that doughnut hole by the year 2020, as the Affordable Care Act is to do, you're providing a major benefit for seniors, with the advancement of pharmaceuticals that speak to all sorts of illnesses. This is a wonderful opportunity for them to understand the attachment that is essential.

I heard of far too many people adjusting their dosages of medications to balance their family's budgets. That is not the best outcome for health care. This advances sound decisionmaking, efficiencies, the best use, the wisest use of resources and, again, speaking to the dignity factor of our country's senior citizens.

Representative MARCY KAPTUR from Ohio, a great Representative, a strong voice for consumers in this House, thank you for joining Representative GARAMENDI and me. It's great to have you here. I know that you're hearing a lot in the State of Ohio.

Ms. KAPTUR. I want to thank you, Congressman TONKO, for your leadership on so many issues that relate to the well-being of the American people and our economy.

Health care is one-sixth of the leg of the stool that holds up the Republic. It is a major industry. When you look at all of our medical hospitals, all of our schools, the nursing profession, dentistry, and you take it all together, it is a massive employer across our country.

Congressman GARAMENDI, coming from California, your experience is so vast in terms of your leadership at the State level there, and now here as a Member of Congress. So I'm very proud to stand with colleagues from New York and California, coastal powerhouses, from the State of Ohio right in the middle of the country there.

I wanted to add to your discussions this evening some real-life stories that

illustrate what you've been talking about tonight. Here's a story from Toledo, Ohio, a real story of a couple that was forced to drop their health coverage after the wife got sick and their health insurance premiums jumped from \$800 a month in 2007 to \$1,200 a month in 2008. How many families across our country, when somebody gets sick, the premium goes up? This bill is wonderful because it doesn't allow that to happen.

For this family, the cost in 2009 would have risen to \$1,600 a month, with a \$2,500 deductible. So what did the couple do? They dropped their insurance. They couldn't afford the insurance, even though the wife was sick. But because of the law that we passed, the wife received coverage through a high-risk insurance pool that was set up within our State following the passage of the law. They're paying \$400 a month—less than they paid before, half of what they paid before—and they have a \$1,500 deductible. Literally, the new insurance coverage saves them \$15,000 a year, which for them was unaffordable. That's why they dropped their insurance. But just that family alone tells us how important this act is. And think of how many cases across this country have similarities to theirs.

From Marblehead, Ohio, which is very central to the district that I'm privileged to represent, a small business owner, a woman, was diagnosed with lupus. She was turned down by multiple insurance companies because she had a preexisting condition. But because of this act and the high-risk insurance pool in Ohio, she was able to obtain a plan for \$315 a month, with a \$2,500 deductible—that was her choice. But she has obtained insurance, even though she has a preexisting condition. How many Americans have you said have preexisting conditions? This allows them to continue to pay, not be canceled. So they're contributing to the pool, the insurance pool; and they're able to take care of themselves.

Finally, the third example I wish to place on the table is a senior citizen couple that faced a \$3,000 to \$4,000 bill, an extra prescription drug cost, after the husband developed a staph infection. How many families do we know have relatives that develop staph infections? That required them to spend a lot more money in 2009 and 2010 on prescription drugs. Thankfully, the husband's health has improved, and they've saved money thanks to the doughnut hole provisions you talked about that took effect in 2010. So they didn't have to pay that extra money for the prescription drugs necessary that you have to take when you get an infection. You have to take those for a very long time, and they're very expensive. The wife said of their situation:

For seniors like Paul and me living on limited income through Social Security, these costs were not a joke. Because of the Affordable Care Act, no senior will ever have to go through what Paul and I spent that year doing.

By the end of this decade, that doughnut hole will be completely closed at the rate of \$500 a year; \$500 a year to a senior citizen is a mountain of money—\$50 is a lot of money because they're on limited incomes. Most people depend on Social Security to hold their lives together. So to get bills of \$500 or \$5,000, it's an impossibility.

I challenge every American who's listening to my words tonight and every young person who has a conscience, go to the supermarket and look for some of the people who are staring at the vegetables, or raspberries, or fish, and they can't afford to buy it. Maybe you could slip them a couple bucks in the supermarket—nobody would even know about it. I've done that so many times. And they can buy something they want that they can't afford to buy.

So when you're a senior citizen, limited income is a real fact of everyday life. So for all of the millions and millions of Americans, Congressman TONKO, that you talked about, this is being lived life by life, family by family in the State of Ohio.

I'm very pleased to join both of you and to thank the President of the United States for having the guts to stick with his convictions, and our Speaker then, NANCY PELOSI, for fighting so hard for every vote in this House and really helping to lift all of America to a different plane for the future.

The last thing I will say is, I come from a small business family. Our father was one of those people that had to sell his business because he got sick. He had to get health insurance for his family, so he went to work for an automotive company.

□ 1650

And I remember how ill he became, and what a horrible choice that was for him back then.

Half the uninsured in this country are small businesses. The law says if you have 50 or under, you don't have to provide insurance; but if you're interested, those exchanges will be there for you. And there will also be plans that your employees can buy into if they want to.

Wow, do I wish that had existed in the 1950s when we were growing up as young children and our dad could have had that plan so he wouldn't have had to sell his business. What a difference that would have made in our family.

And that story is repeated by the tens of millions across this country. Half of those who could potentially benefit are small business owners and their workers.

Thank you for doing this Special Order tonight as we speak on behalf of the American people.

Mr. TONKO. Thank you, Representative KAPTUR. Please feel free to share more information with us. The anecdotal evidence that you provide from your region alone speaks to the empowerment that is part of this transition, this progressive policy.

And to now attempt to repeal, just as you've given people the sense of hope

that there will be a doable outcome, that they won't have to cut medication in half so that they could have enough money to do all the other items that are required of them, to pay utility bills, or to afford to eat for that given month—the fact that they would cut their medication in half is not a sound thing. They're spending money, and it's probably ineffective.

And so tethering people to a system that is sound and secure. You know, when people say, well, I don't want to pay for someone's insurance, I don't want to pay for this health care program. You're paying today through premiums and through taxes. You're paying for the worst sort of outcome by putting people into emergency rooms and having them visit with a different doctor each time they visit and not having the stability and the standardized outcome that is predictable and effective and efficient.

These are the dynamics that are driven by the soundness of a policy like this, that, yes, will take investment, but will get far greater bang for the buck than what we're getting today with a haphazard sort of response that does not provide continuity or direction or standardization or predictability and certainty. We will be far better off and a much more compassionate response is rendered.

From a taxpayer perspective, from a consumer perspective, it's a far greater, stronger, more intelligent outcome; and it speaks to, I think, the core fabric of this wonderful country that we do truly care. And this is a way to show it and still be economically sounder in our attempts.

Thank you for sharing the anecdotal evidence.

Representative GARAMENDI, you and I have done a number of these Special Orders on this House floor, and I find it fascinating to see what the response is out there from the public, who always call to engage and get more information. And so the fact that we can provide more information on what is included in the Affordable Care Act, I think, is a good opportunity here.

And I know you always have a lot to say and a lot to share, and your walk in your professional life as insurance commissioner was an important bit of strength for all of us in the caucus.

Mr. GARAMENDI. Our colleague, MARCY KAPTUR, reminded me of a personal story, personal things.

My sister-in-law was a juvenile diabetic, and I think of what would her circumstances be if she had had this law when she was alive. The last 20 years of her life were a struggle. The company she worked for folded, and her health insurance was lost. And she spent the last 20 years of her life struggling financially, medically, and really unable to get the kind of continuity of care necessary. She got a lot of help from her family; but even so, it was a struggle.

Under the law today, she would have been able to get insurance. And in 2014,

in California, or actually next year in California, there will be an exchange. So even though she spent those last 20 years as an independent contractor, selling various things over those years, she could enter into a large pool, that is the exchange, where she would have the same opportunity to buy a low-cost policy as though she were in Ford Motor Company with hundreds of thousands of employees.

Our Republican colleagues would abolish the exchanges. And I just think about what could have been. There was no exchange, and she wasn't able to get that insurance; but had she lived, and had other men and women with diabetes or serious heart issues or other kinds of problems, medical problems, they could get insurance in the exchange and be part of a large pool.

Simultaneously, if they didn't have the income, they would be able to get a subsidy. If their income was less than the poverty level, that insurance would be free through the Medicaid program. And if they were above the poverty level, it would be subsidized so that it would be affordable.

I guess this is really about compassion. This is about our very moral sense of who we are as Americans, do we have compassion, and do we care for our fellow citizens.

On today's floor I heard the most astounding arguments, arguments based upon falsehoods, just flat out falsehoods. I heard the Speaker here say that the Affordable Care Act cost employment. But since the Affordable Care Act has been in place for the last 2 years, private sector employment has grown every single month.

Now, there may have been some company that decided not to employ somebody, or maybe they went out of business for any number of reasons. But private sector employment has grown every single month for the last 28 months. So, taken as a whole, the Affordable Health Care Act didn't retard employment. It didn't cause the number of private sector employees to decline. In fact, they've grown.

And I also heard the very same person, with the very same argument, say that it's driven up health care costs. Well, excuse me, take a look at the statistics, the health care statistics. We've actually seen, in the last 2 years, since the Affordable Health Care Act went into effect, a significant decline in the rate of inflation for health care. In fact, the rate of inflation for health care in the last 2 years, 2010 and 2011, was the lowest rate of growth in every year except one in the last 50 years. It was 3.9 percent.

Those are not my statistics. They're not pulled out of the air. Those are government statistics about health care inflation—3.9 percent, which was the lowest rate of inflation in general health care in the last 50 years, except only one other year.

How about the cost of premiums?

Before I get there, the average health care spending in 2000 to 2009 was 6.8

percent per year. That's the annual growth, 6.8 percent per year. In 2010 and 2011, as I just said, it was 3.9 percent, nearly 50 percent less.

Let's get our facts right. Put aside the rhetoric and deal with the facts. If you're going to come down here, as Speaker or anybody else, use facts in your argument. Don't just throw out a number.

Mr. Speaker, if you'd like to debate it on the floor with me, come on down.

Seniors paying more? No, I don't believe so. No, they don't pay more. Medicare Advantage enrollees, the cost of premiums for Medicare Advantage was 16 percent less in 2012 than in 2010. The Affordable Health Care Act, was it responsible for that? Partly, yes, because the Affordable Health Care Act took \$150 billion, \$15 billion a year, away from the insurance companies and plowed it back into Medicare benefits.

The drug benefit that you were talking about—free medical services, preventative services.

□ 1700

The result was a 16 percent reduction—an overall average—across the United States for Medicare Advantage. Oh, by the way, these are statistics from Mercer, one of the health care consulting companies. I think I'll let it go at that. There are more statistics about that.

Mr. Speaker and my colleagues on the Republican side, if you want to come down and debate the issue of health care inflation, then you'd better come down here with real facts. Don't come down here with a lot of just talk. Health care inflation has gone down since the Affordable Care Act has been put in place.

Mr. TONKO, why don't you pick it up from here. Maybe I'll have a challenge on the floor from the Speaker. We'll see.

Mr. TONKO. The gentleman from California speaks of the Medicare Advantage programs. Obviously, they came about because there were those who suggested they could do it cheaper. Give us a special model out there and launch it as a pilot, and we'll show you how we can do this special programming and give us a return.

After reviewing now what is the history of all of that, it was deemed that there were overpayments of anywhere from 10 to 14 percent. So the dollars were slid over to programs like filling the doughnut hole and providing for screenings for our seniors, not taking it away from a category of health care consumers—in this case, an age demographic of seniors—but taking those savings, as we sweep those savings, and then reinvesting them in a way that provides balance and more sensitivity for the consumer rather than having record profits developed for an industry. To me, that was progressive policy. And for people to then take those savings and use them in their own budget presentations for other purposes was disingenuous.

Now, when you talk about the efforts today of the Affordable Care Act to include an exchange, what I think is oftentimes lost, Representative GARAMENDI, is people see this as some sort of public exchange that is going to be run by the government. In fact, when we set up an exchange and when private sector sources come to the table, if they're willing to abide by the rules, if they're going to govern themselves by the parameters that have been established in the legislation, they can then offer services through the exchange. So it's a private sector solution but with new caveats of parameters that are established so as to provide benefit for the consumer.

When you think of it, if there are firms that hire 10 people and one of those 10 becomes catastrophically ill, the actuarial impact of that one individual circumstance can drive premiums up for that small business in very high order. That kind of impact is unacceptable for the small business community that today pays some 18 percent more for its insurance and oftentimes gets weaker coverage.

With the benefits of an exchange that is private sector-driven, you now have the opportunities that people can have that actuarial measurement made in a pool of perhaps millions so that the unsteady and unpredictable kind of outcome for small business is now rendered more efficient and more sensitive by shaving the peaks that may occur in a universe as small as 10 people.

So there is a science to this. There is thoughtfulness that has been pumped into the discussion; and by inserting that thoughtfulness, we have come up with reforms that really speak to a wiser use of this country's health care dollars. It was a folding in of progress over the course of several years that was initiated with its passage a couple of years ago that needed time to work. To then move to repeal before a number of these programs are even implemented and for people to just play politics with the lives of individuals, with the health care quality of individuals, is regrettable, and then for us to be asked to visit for the 31st time a repeal exercise in some 19 consecutive months.

We used this week of session in Congress to debate for hours, to message for hours, to come to the floor for votes. These were session days that were used up for the repeat of an exercise that time and time and time again has been conducted just to politically posture when, in fact, the American public is saying, Look, you voted on this. Look, the President signed it into law. Look, the Supreme Court—the highest law in the land, the conservative-leaning Court—has ruled constitutionality.

They want us to move forward with job creation, with responding to the cures this economy needs. We started with a terrible pit of a recession: 8.2 million jobs lost and 800,000 jobs being lost per month as this administration

started and, ironically, when I started my service in the House of Representatives. We were in a dark, deep hole. To come out of that with 29 consecutive months of private sector job growth and to come out of that with over 4 million jobs created in the private sector and to go forward with an effort to reform our health care system in a way that extends greater opportunity and beacons of hope to families, individuals, those who are catastrophically ill, those denied because of preexisting conditions, pharmaceuticals unaffordable for many seniors, to have all that turned around and to have all of this progress of the comeback trail from the recessionary period that was far too long and far too deep and far too painful than anyone ever forecasted—to strike that kind of progress and then have it met with 31 consecutive efforts to repeal the situation is regrettable. It's regrettable.

Representative GARAMENDI, you've been here for those 31 efforts. Has anything changed? It's the same old, same old that is being expressed out there that does not, I think, meet the concerns of individuals out there from coast to coast.

Mr. GARAMENDI. You are absolutely correct. We really need to get to jobs.

I notice some of our Republican colleagues are here. They'll be taking the next hour, and I suspect they are going to pick up something that was said over and over again over the last 2 days. I just want to put on the table some facts, some facts about what is really going on here.

I heard speakers come to the floor, including the Speaker of the House, saying the Affordable Care Act was the largest middle class tax increase ever. Well, I'm sorry. The Washington Post Fact Checker said the health care law will provide more tax relief than tax burden for middle class families. A report from the nonpartisan Congressional Budget Office shows that an estimated 4 million individuals will likely pay the penalty because they're not going to buy insurance. Okay? That's about 1.2 percent of the total population.

They also estimated that 16 million Americans—that's four times more—will receive tax credits, or subsidies, to help them pay for insurance coverage through the new exchanges. Now, that's 5 percent of the population. The CBO estimates that the government will provide \$630 billion in tax credits and subsidies for insurance over the next 11 years and only \$54 billion in penalties—taxes or tax increases—on the middle class.

So the fact of the matter is the middle class is going to get an enormous tax benefit as a result of this. Those who buy insurance are actually going to see their taxes reduced as they buy insurance. They'll have health care coverage at an affordable cost, their taxes will go down, they'll receive subsidies. The essential point here is that

it is not a tax increase, the overwhelming, largest-ever on the middle class. In fact, it is a huge tax reduction.

Secondarily, there is a decreased cost to every American who buys health insurance today because there will not be a shift of cost from the uninsured to the insured and to the taxpayer. That's precisely what happens when you have some 40 million Americans uninsured. They get sick. Fortunately, in this Nation, we have not yet come to the point when we do not provide health care to people who are sick and in need of care. They get it at the emergency room, and they get it at the community clinics.

□ 1710

It becomes what is known as uncompensated care. In other words, it is not paid for directly by the individual, but indirectly by every single American that buys a health insurance policy and every company that buys a health insurance policy and the American taxpayers.

The Affordable Health Care Act does not increase the cost of health care in America. In fact, it has the significant potential of decreasing the cost. In the last 2 years, we've seen the health care costs in America decline to the lowest inflation rate ever in the last 50 years except 1 year.

Let's get the facts correct, my colleagues. If we're going to talk about tax increases, get the facts correct. Talk about the tax reductions at the same time. Talk about the fact that the Affordable Health Care Act, in effect, has actually been part of an overall reduction in the inflation rate of health care.

And in the Affordable Health Care Act, there are very significant, long-lasting, and powerful reforms that will bend the cost curve of health care, such as electronic medical records. The repeal would wipe that out. It would be gone.

Primary care clinics across this Nation are funded through the Affordable Health Care Act. Where do you think people get care today? In those clinics. If they don't get care there, they're going to the emergency room at 5 or 10 times the cost.

There are vaccinations for our children, which, incidentally, in the appropriations bill, our Republican friends tried to eliminate many of these vaccinations. Fortunately, it didn't happen.

There is preventive care for seniors so that their blood pressure and diabetes is controlled. Today, our Republican colleagues voted to wipe out preventive care not only for seniors, but beginning this August, a month from now, every woman in America will be able to get preventive screening. Mammograms, pap smears, blood pressure testing. That's what's being lost here, all in the name of some political opportunistic effort to try to run out once again what you thought was successful in the last election period.

Well, the American public isn't going to be fooled twice. The American public will come to know that in the Affordable Health Care Act there is real benefit for Americans.

Mr. TONKO, thank you for bringing us to this floor. Thank you for bringing us the opportunity to talk about what is real.

Mr. TONKO. Representative GARAMENDI, I couldn't agree more with the need to exchange statistics here, the real stats on what is happening. We only have a short history, but already it's a powerful statement.

When you look at healthy pregnancies, that front-end life investment which this embraces, what a soundness to the rationale for progressive policy.

When you think of the dignity factor for those senior years so that people aren't chopping a pill in half so as to meet their family budget and take care of half of their medical needs, this is an exercise of foolishness to repeal at a time when we've just started the engine of recovery and transformation and transition and reform.

We also know that—and I hear it from my constituents all the time—repeal. What's the replacement? There is no hint of a replacement because you took it halfway and said, We're just going to repeal this. That's the political posturing that is so painful, because you have now delivered to society a new opportunity to better steward our resources, to better provide for the dignity in the equation so that people can have that comfort zone, knowing that if they get impacted by some sort of catastrophic illness—and we've seen it in our communities, in our neighborhoods, in our families where peoples' lives are turned around in an instant. To those who you suggested might not buy the insurance, who then bears the burden if there is a catastrophic outcome?

They're saying, Oh, you're asking them to pay a tax if they don't want insurance.

If they don't have insurance and they get a catastrophic illness, they fall into some sort of huge accident, who's going to pay? You're right, Representative GARAMENDI, there are those that get in charity situations where premiums cover it, taxpayers cover it.

This has been thought out in a very meaningful way. We talk about a global competitiveness. We talk about our industries going to the marketplace, international marketplace, wind contracts, produce in America, and grow jobs. Part of the price that they have to calculate is the cost of health care. If we're providing a benefit to our business community, if we're having a smarter approach taken to the health care dollars being utilized in best fashion, there's a corresponding benefit that befalls the economic recovery opportunities because our businesses will be able to have the benefit of the soundness of that universal health care system to more effectively compete in the international marketplace, to se-

cure those contracts that then translate into jobs.

There is an interconnectedness here that goes well beyond health care policy. It falls into the realm of economic recovery and business creation and all sorts of quality-of-life issues that market our neighborhoods, our States, and our Nation for jobs.

We know what's happening in other Nations. They have taken the bull by the horns, and they have put together a good, sound system, and we were comfortable to have status quo be our rule, our guiding light. It was the boldness of those leaders that came forward and said: There is a better way to use those dollars out there. There are better ways to reach people. There is a need for preventive and wellness programs, for screenings and for those annual checkups, making certain that pharmaceutical needs are something that are within the grasp of our senior community and our middle-income community and our middle-aged community.

To cite scenarios like that of your staffer and his child, to provide that hope in the middle of despair where people have abandoned the hope for a better tomorrow for their children because of lack of affordability, to cover those health care situations, that's what this is about.

This is the old American spirit coming forward. It's about speaking as a community, not as individuals disconnected from one another. It's about thinking as a society, of a greatness of America at her best: compassionate, resolved to make a difference, determined to use our resources in a way that is most effective, most efficient, most smart. It is America at a great, shining moment. And to denounce all of that progress and to move for repeal speaks volumes about greed and about injustice and the desire to turn progress around.

Representative GARAMENDI, we close in the next minute or two. Any closing thoughts from you? I thank you for joining us this evening.

Mr. GARAMENDI, I thank you, and I suspect we're going to hear once again this is a government takeover. That's not true. It's not true at all. This is built upon the private delivery system that we presently have. Talk about the government designing or taking over the policy is just not true. I know this. I was the insurance commissioner. I know that it is actually the insurance companies heretofore before this bill that actually did that.

Mr. TONKO, thank you so very much for your leadership on this and your passion for it. We are out of time.

This issue is not going to go away. This issue will be around. I would hope, as it is discussed in the months ahead, that we actually get down past the rhetoric and talk about the real facts of what is in the Affordable Health Care Act. It's an extraordinary improvement for America's health care.

Thank you very much, Mr. TONKO.

Mr. TONKO. Thank you.

Mr. Speaker, I yield back the balance of my time.

□ 1720

GOP FRESHMEN SPECIAL ORDER

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. REED) is recognized for 60 minutes as the designee of the majority leader.

Mr. REED. Mr. Speaker, I rise this evening and come to the floor to talk about an important issue of the day. A few hours ago in this Chamber on this floor, this House voted to repeal ObamaCare.

The Affordable Care Act to me is a classic example of what is wrong with Washington, D.C. It is a philosophy that this city has the arrogance and the vision to think that if we take over an area such as health care from Washington, D.C., somehow magically the bureaucrats and the folks here in Washington are going to wave a magic wand and cure the problems in the health care industry.

What ObamaCare is, it's simple: it's an expansion of government, it's 130 agencies, newly created agencies, to enter into the health care arena, 22 taxes to pay for that expansion of government to take on health care. You got half a trillion dollars of cuts to Medicare.

Mr. Speaker, I have heard for the last 18 months, as a freshman Member of this Chamber, how the folks on this side of the aisle came here to Washington to kill Medicare. We literally had campaign ads where we were supposedly rolling Grandma and Grandpa up the Niagara Gorge to somehow represent that that's the mission of our side of the aisle. That's ridiculous.

Here we have a bill that cuts Medicare \$500 billion, and my colleagues on the other side of the aisle have the audacity to say that we're the ones who are trying to kill Medicare. Well, \$500 billion worth of cuts to Medicare goes a long way to jeopardizing that program.

I just come here tonight, Mr. Speaker, and I am joined by some of my fellow freshmen who will be coming in and out over the next hour, to really try to articulate to the people of America that with what the Supreme Court did—and I've read the decision at least five times, and I disagree with it—but I do agree with the one sentiment the Chief Justice represented in the majority opinion.

He said, we're going to call, essentially, ObamaCare what it is, an expansion of government, and it's a tax; it's a tax increase. If that's what the people of America want their elected officials in Washington to do, then so be it. That is not for the Court, and that is not for the Chief Justice to decide. It's up to the people.

The vote that we took this afternoon is done on the backdrop of the Supreme

Court decision saying exactly what ObamaCare is, an expansion of government, tax increases to pay for it, and cuts to Medicare of \$500 billion. Let's be honest with the American people. The American people deserve their elected officials to come to this floor, to this Chamber, and deal with the issues in an open and honest way.

I was proud to cast the vote today to stand for repeal of ObamaCare because we can do better. We can do better than continuing the traditional Washington, D.C., tactics of, well, let the government take it over, let me raise your taxes to pay for it. You know what, we can do better than trying to say, well, it's a penalty and therefore we will argue until we're blue in the face that it's not a tax, but then the Supreme Court comes and says it is a tax. Let's just be honest with the issues that are before us tonight.

I am joined by a great freshman colleague from the State of Mississippi. For his introductory remarks, I would yield as much time as he may consume in regards to this pivotal issue.

Mr. PALAZZO. Thank you, Congressman REED. I appreciate you organizing this Special Order tonight. It's a very important issue, not just to my constituents back in the State of Mississippi, the Fourth Congressional District, but to all Americans. So thank you for doing that.

Over the past 2 years, our Nation has engaged in the debate of the future of our country and the future of health care reform. When the Supreme Court ruled to uphold the health care law as a tax, they never meant to send a message that this is a good policy. Their ruling did not change the fact that it is bad for our job creators, which are our small businesses. It's bad for families, and it's bad for seniors.

They weren't putting their stamp of approval on the enormous burden of regulations and tax hikes that this bill brings. They weren't making a statement in favor of a law that takes health choices out of the hands of individuals and doctors and that places more control in the hands of government bureaucrats.

What they did when they ruled on this law was reaffirm that this is, indeed, a multibillion dollar tax. The Court reaffirmed that it is, indeed, unconstitutional to force a massive Medicaid expansion upon States like Mississippi, which cannot afford it.

Finally, the Supreme Court reaffirmed for myself and my colleagues and for millions upon millions of Americans that there is a need to fully repeal this law. So today, with this vote, we are listening to the majority of the American people who do not want this law, and we renew our commitment to them to bring real step-by-step commonsense solutions that Americans want and provide them with the access to the care they need from the doctor they choose and at a price that they can afford.

Mr. REED. Well, I appreciate the gentleman from Mississippi's com-

ments, and I hope he continues to stay with us here this evening and we have this conversation as we move forward.

The gentleman from Mississippi touched on something, Mr. Speaker, that is extremely important when it comes to this issue. With the adoption and the repeal of ObamaCare, what we're trying to send to the American people is a message that the folks on this side of the aisle, in particular, want to make sure that we tackle health care reform and, one, we take care of the critical issue, and that is how are we going to change the cost escalators that are occurring in health care every year. How are we going to do that?

Now, the fundamental principle over here on our side of the aisle that I firmly believe in is that we are going to do that, once we repeal this law, by taking reforms from the perspective of the individual, from the patient, and from the doctor's point of view, not from the ObamaCare model of handing it to administrators and bureaucrats and somehow thinking that the government has the solution to this problem.

What we're going to deploy, in my opinion, are good old-fashioned market forces, forces of individual choice, having individuals and patients and doctors control their health care destiny rather than having some unelected bureaucrat under the Independent Payment Advisory Board making determinations as to what type of health care you're going to receive. We can do better than that in America.

The gentleman from Mississippi makes a great point when he talks about the expansion and the tax burden that this law puts on all Americans. In particular, many folks, I heard the debate over the last couple of days, said we have used up floor time when we should be focusing on jobs.

Well, you know what, this is related to jobs. Because of the expansion of government, the mandates that come from this and the higher taxes that are placed on all Americans as a result of this will saddle our private sector, will saddle our individuals, they will saddle our job creators with a burden that they just can't overcome. What we should be doing is relieving those burdens so that they can hire the people of today and tomorrow.

This expansion of government just doesn't stop today. If it is allowed to go forward—and I hope my colleagues in the Senate take this bill up so the American people know exactly where they stand—but if this bill is allowed to go forward, we are saddling Americans with a burden, both tax and government regulations and mandates, to a point where we are just asking them to do something where they have just got a load that is too heavy to bear, and that's just simply to hire people. But you can't hire people if you have more taxes and you have got more burdens and obligations of government regulations to comply with.

I see my friend from Mississippi may have a couple more comments on the topic.

Mr. PALAZZO. Well, Congressman, there are so many bad things about this bill. We could spend a lot more than an hour talking about it.

The American people have had over 2 years to fully digest the bill that was crammed down their American throats by the 112th Congress. What the Republican House is doing is we are not going to make the same mistakes that they did.

We had a President, we had a Speaker of the House, and we had a Senate that ignored the pleas and cries of the American people. Nonetheless, they passed a 2,700-page bill. There is nothing good in a 2,700-page bill. They did it under the cover of darkness.

The former Speaker of the House said, "You have to pass it before you'll know what's in it." We're not going to make those same mistakes. We're not going to repeat their failures. What we're going to do is we're going to listen to the American people. We're going to take their solutions so that we can address the care that they need from the doctor that they choose and at a price that they can afford.

□ 1730

There's some good things that are going to be coming forth. So I don't understand. Our colleagues on the other side are saying, Hey, this bill isn't perfect, but let's keep it and tweak it. There's no small fix to this bill. It is garbage. We have to throw it out and start over. But we're going to listen to the American people. And I think that's where they went wrong. We are even going to offer, I believe, our colleagues, as we've done in almost every bill, allow them to bring amendments to the floor, where in 2009 they did not allow one Republican amendment to the bill.

So the old saying: If you're ignorant of the past, you're doomed to repeat it. Well, we've learned from our history, and we're going to make right for the American people on health care.

Thank you, Congressman.

Mr. REED. I appreciate the gentleman from Mississippi, a great Member of the freshman class, joining us tonight. I know we have some other colleagues to continue this conversation.

One point before I yield to the gentleman from Florida. We're talking about job creation. Back in the district, back in upstate New York, in Corning, my hometown, we get out and we have town halls and we meet with constituents, we meet with business owners. And I'll tell you, one meeting really resonated with me. I went up to Hornell, New York, a great community up in our district, Mr. Speaker, and met with a company called Dyco Electronics. He employs about 48 employees. And he had me in his office, and we're walking down the floor watching his shop where he's assembling different electronic components and we're

talking about the issues of the day. Mr. Speaker, he had a point that resonates when it comes to this issue.

He said, You know what, TOM? I'm not going to hire any more people. I've got business. I've got some opportunities that I can potentially expand. But the CEO of Dyco electronics, 48 employees, said, If I go over 50 employees, I've got to then comply with ObamaCare. These mandates, these regulations. You've got 2,700 pages of statutory text, you've got tens of thousands of pages of regulations that ultimately will be created. And he just says, I can't take that chance.

So this is all related to jobs also, as we continue this debate. It's not just about health care but it's about job creation. And I agree that it is a primary issue of the day. But that is a classic example and that resonated with me when I came back down here to stand for repeal, because so many small businesses, I think, are in the exact same situation as Dyco Electronics back in Hornell, New York, where they are shocked in a deer-in-the-headlight type moment where they're saying, No, we're not hiring because we don't want to go over that 50-employee threshold.

With that, I'm pleased to yield to a great member of the freshman class, the gentleman from Florida.

Mr. WEST. Thank you very much to my colleague, Mr. REED, for allowing me to be here and spend some time to talk about one of the reasons why I did not want to continue on supporting what has to be the "Patient Protection Unaffordable Tax Act."

When you think about down in south Florida, where I am from, a lot of people play golf. I've never swung a golf club in my life. But I do appreciate this term that they use called a mulligan. And a mulligan means you get to do it over. And I think that's what the American people want from us here in this distinguished body, Republicans and Democrats, a do-over. So that's what we tried to do today. And hopefully, Senator REID will take our heed and he will go forth and allow the American people to see that mulligan take place.

But I sit on the Small Business Committee. When you think about the effects that this tax law—because that's really all that it is now that the solicitor general from the administration argued that it was a tax and Chief Justice Roberts did agree with him. So it's a tax. And so down South, if it quacks like a duck, if it walks like a duck, doggone it, it's a duck.

Roughly 940,000 small businesses will be hit by an incredibly big tax hike. According to the National Federation of Independent Business, the advocacy group for small businesses, 75 percent of small businesses are organized as pass-through entities, small businesses, subchapter S, LLCs, meaning that they pay their taxes on their business income at an individual rate. The Joint Committee on Taxation estimates that

this tax hike that is going to be hitting will affect 940,000 small businesses. Half of all small business income would face higher taxes.

According to Bloomberg News and an analysis by the JCT, it also shows that President Obama's plan for these massive tax hikes mean higher taxes on 53 percent of business income reported on individual returns. More than a quarter of American workers' jobs are at risk. According to U.S. Census data through the NFIB, small businesses employ more than 25 percent of the total workforce. So raising taxes on these small businesses threatens these jobs—and that's the last thing we need to do in this weak economy.

My colleague, Mr. REED, just talked about this artificial employer mandate where if you go over 50 employees, then you get hit with these fines because you have to provide certain levels of health insurance and health coverage. Well, why would we put that type of artificial burden? What does that mean for a small business owner that is at 48 and 49? He's not going to seek to go any higher. Or, if he does go any higher, he's going to drop people off of his insurance coverage. Or, maybe even worse, he'll just get rid of that employee, which means another person that's added in.

A U.S. Chamber of Commerce survey showed that 74 percent of small businesses contend that this law will make job creation at their companies even more difficult. The Supreme Court's health care ruling leaves in place 21 tax increases enacted as part of this law. A dozen of these are going to affect those people: less than \$200,000 for singles and \$250,000 for married couples—a clear violation of what the President talked about with his pledge to avoid taxes on lower- and middle-income taxpayers. This is the reason why I said we've got to have a mulligan.

An additional 0.9 percent payroll tax on wages and self-employment income and a new 3.8 percent tax on dividends, something very important for seniors down in south Florida. Capital gains. Why are we going after capital gains in a health care law? I don't know. I think it's a tax law. Why are we going to go after capital gains when we need to have investments so we can grow our economy—and other investment income for taxpayers.

"Cadillac tax" on high-cost plans; annual tax on health insurance providers; annual tax on drug manufacturers and importers; a 2.3 percent excise tax on medical device manufacturers and importers. And if I'm right, Mr. REED, that's one of those pieces of legislation, that 31 or 32 sitting on HARRY REID's desk, so we can get rid of that medical device tax. Again, I just tell this guy we need to have a mulligan.

Raise a 7.5 percent AGI on medical expense deductions to 10; deny eligibility of "black liquor" for cellulosic biofuel producer credit. What does that have to do with health care?

Codify economic substance doctrine; increase penalty for non-qualified

health savings account distributions; impose limitations on the use of health savings accounts, flexible spending accounts, and Archer MSAs to purchase over-the-counter medicines; impose fee on insured and self-insured health plans and patient-centered outcomes research trust fund; eliminate the deduction for expenses allocable to Medicare part D subsidy; impose a 10 percent tax on tanning services.

I have got to tell you, down in south Florida, if it's kind of clouded over, a lot of people go into the indoor tanning booths. Now they've got to pay a tax for that.

What are we doing with the Tax Code, Mr. REED? Are we now using the Tax Code as a means by which we're going to promote social policy? Are we using the Tax Code now as a means by which we're going to create behavior modification here in the United States of America? That's all this bill does.

Sixteen thousand new IRS agents. Why do we need 16,000 new IRS agents if this is supposed to be a health care law? It's because someone's got to collect all that money that this "Patient Protection Unaffordable Tax Act" is bringing upon the American people.

What do you really get with this? You get 159 new government agencies and bureaucracies. You get all of these different bureaucrats up here in Washington, D.C., that are going to interject themselves between the doctor-patient relationship.

Well, no one talked about this a lot, how in this health care law the Federal Government took over college education loans. It was the people from across the aisle who made the decision that we will take it from 3.4 to 6.8 percent. Once again, it became incumbent upon us to come in and try to clean up the mess that was made.

It is truly as the former Speaker said: we have to pass this bill in order to find out what is in it. And now that we're finding out what is in it, we just cannot stomach this. The ObamaCare tax is already holding back job growth in medical innovation, with venture capital investment and medical device firms down 50 percent in 2011 compared to any of the previous 5 years. The average American family already paid a premium increase of approximately \$1,200 in the year following passage of this law. The Congressional Budget Office predicts that health insurance premiums for individuals buying private health coverage on their own will increase by \$2,100 in 2016 compared to what the premiums would have been in 2016 if this law had not been passed.

□ 1740

Mr. Speaker, there is no doubt about the fact that we need to do something to reform the health care process here in the United States of America and make it more affordable. But to all of a sudden bring the Federal Government in—you know, it was about 30-some-odd years ago when there was a former Democrat President that said everyone

has a right to own a home, and the Federal Government created this thing called the Community Reinvestment Act. And look how well that worked out 30 years later in 2008 when we had that financial meltdown tied to the mortgage industry.

So what is going to happen with this incredibly onerous invasion into the health care industry? I don't want to be around 30 years from now to see. And that's why my message to HARRY REID is very simple: The American people want a mulligan. Let's do it over and do it right.

Mr. REED. Well, I so appreciate Mr. WEST's comments. The gentleman from Florida speaks very clearly and directly on the issues with this bill. And as the gentleman articulated, 139 different agencies are now created under ObamaCare.

I've come to the well of the House, Mr. Speaker, to display to America what our health care system now looks like under ObamaCare. This diagram goes through the 2,700 pages of statutory language and identifies those 130-plus agencies. This is what American health care looks like after ObamaCare.

We can do better. As the gentleman from Florida mentions, we need a mulligan. And what we need to do is listen to the American people. That is one of the fundamental problems down here in Washington, D.C. People down here think: I'm in Washington. I got elected and I got a title. I'm Paul Congressman. Of course I know what's best for everybody in America.

Do you know what? I trust the American individual. I believe in the American individual. We need to listen to him. That's why we go back to the district and we talk to so many constituents. We have town halls because of the commonsense ideas that people have around their kitchen tables and the conversations they are having around their sofas in their living room.

We should be listening to the American individual and the American people because the common sense of America is what makes us strong, not some bureaucratic thought process of some person reading a book who sits in a cubicle down here in Washington, D.C., and comes up with a monster of a health care program that's got 130-plus agencies.

And this is how the personal relationship of a patient and a doctor is handled under ObamaCare. We can do better. We need a mulligan.

I so appreciate my other friends in the freshman class coming this evening to meet with us.

With that, I would like to yield to a good Member, a great friend from Arkansas (Mr. GRIFFIN).

Mr. GRIFFIN of Arkansas. Thank you. I appreciate it very much.

Mr. Speaker, we have heard a lot about repeal and replace, and I have a lot of constituents asking about the replace part of that. And what I tell them is we have a lot of ideas that

have been introduced here in the House. In fact, by last count, there are over 200. I think it's something like 219 bills introduced in the House that relate to health care reform. So we are not short of ideas in terms of implementing real health care reform.

But before we get to that, we first must repeal this monstrosity, this almost 3,000-page monstrosity of taxes, new boards, and new agencies that makes it more difficult for businesses to hire new people. So that's why we're here focusing on repeal today.

We have, Mr. Speaker, lots of ideas. For example, many of us here support medical liability reform. Gallup polls and other experts have testified that much of the cost of what we pay in health care is attributable to the practice of defensive medicine. By some counts, one-quarter of all health care costs are attributable to the practice of defensive medicine.

We have a great medical liability reform bill. In fact, if I remember correctly, a couple years ago in the State of the Union, the President said he was in favor of medical liability reform. I haven't heard much from him on that. I wish he would talk more about it. It certainly wasn't part of his health care law. But that's a great idea that will reduce the practice of defensive medicine and reduce the cost of health care and, in turn, make health insurance more affordable, which, in turn, addresses the access question.

We also have great legislation introduced by my friend, MARSHA BLACKBURN of Tennessee. She has got a great bill. What it does is it allows for competition between insurance companies across State lines. So if you live in Arkansas and you see a health care plan that you want to buy over in Tennessee, our neighboring State, well, you can buy that plan. And then if you move to Arizona—I don't know why you would leave Arkansas, but if you did, you could take that with you across State lines.

Competition, choice, and patient-centered options, that's the kind of health care reform we need. And that's the kind of health care reform that I favor, that many folks here in the House favor, and that is reflected in the over 200 bills that have been introduced here. And we want to get to that. But before we can get to that, before we can focus on the replace, we have to repeal. And that's why we're here again asking the Senate to do its part.

I'll tell you, I've had some folks on Twitter and Facebook and other places say, You're just wasting your time. Why are you just wasting your time? I think I was asked that on television earlier today. And my response was, when I made a pledge in my campaign to repeal ObamaCare, the President's health care law, whatever you want to call it, my pledge was not I'm going to fight to repeal it if the Senate agrees to pass it. That wasn't my pledge. My pledge was I'm going to fight to repeal it. I'm going to control what I can control. I can't control the Senate.

In fact, I told somebody on Twitter about 15 minutes ago, before I came down here to the floor, I said, well, if we in the House only took action on issues that we know the Senate will vote on, we would all be sleeping. Mr. Speaker, you'd be sleeping in the chair and we'd be sleeping, because the Senate doesn't take action on much of anything. Sometimes I feel like I've got to walk down there and wake them up.

So my job in fulfilling my promises, my pledges, and my commitment to my constituents is not dependent upon whether the Senate is going to do the right thing or not. I hope they do. I'm praying for them, and I wish them well. But we're going to do our job here regardless of what they do down there.

I'll say one more thing. Anybody who has been paying attention over the last 2 years knew before I ever got elected what my intention was. And I think a lot of us talked about this before we ever got here, and what we are doing is following through on our promise.

I yield back, and I appreciate the time.

Mr. REED. I appreciate the gentleman's comments.

I think you're touching on something when we talk about the Senate and what we can control here in the House. And I think today's exercise of voting to repeal ObamaCare again was time well spent, because it's time to be open and honest with the American people.

Look at this bill, the 2,700 pages that created this health care system with 139 agencies that you see on this board. Look at the timing of when these requirements and these mandates kick in. Look at the whole argument of the last 2 years in the debate on the Affordable Care Act, ObamaCare. Look at the argument over whether it's a penalty or a tax.

I can remember Kathleen Sebelius in front of me on the Ways and Means Committee still fighting me as the arguments were going on in front of the Supreme Court whether or not this was a tax or a penalty. Essentially, she fought that tooth and nail and said, no, it's not a tax; it's a penalty.

□ 1750

You saw the President repeatedly tell different reporters and go on the record and say it's not a tax; it's a penalty. There's a lot of politics going on under this bill. And they all want to do it in a way that makes sure that they're not held accountable, in my opinion, because November 6, 2012, is a critical date. When you look at most of the dates under this bill, when most of the mandates and most of the tax increases are kicked in, they happen after November 6, 2012.

What's so magical about November 6, 2012? Well, obviously we have a Presidential election. We have a Senate election. We have a House election. So today, what we did, after the Supreme Court spoke and called the bill what it is—an expansion of government, a tax

increase—we went on the record so that the American people, come November, know where we stand.

Now, I'm not as hopeful as my colleague was talking about the Senate may take this up, or asking HARRY REID to take this up. What I think is going to happen is the Senate is going to run from this. They're not going to go on record in regards to how they feel on the repeal of ObamaCare, if they're either going to reinforce it or reaffirm it. They're not going to take it up. Why? Because November 6, 2012, is coming down the pipeline, and they don't want to go on record after the Supreme Court has spoken and called it what it is—expansion of government and a tax increase.

That's not how elected officials lead. Elected officials lead by putting their name up on the board and standing in front of their constituents and in front of the American people and being honest and open with them because hard-working taxpayers deserve no less. And as a freshman Member of this Chamber and as a freshman Member of this body, I firmly believe we can tackle more of our problems if we adopt that attitude, just being open and honest with the American people.

With that, I'm so pleased to be joined by the gentleman from Colorado (Mr. GARDNER).

Mr. GARDNER. I thank the gentleman from New York for his time today and his leadership on this important issue. I know you have a young family, as do I, and you're here today to make sure that we talk about those matters that are important to our families, those things that will lead to a better future for them.

But it's been a disappointing day today when we saw colleagues on the other side of the aisle who had an opportunity to reject one of the largest tax increases in American history, when they could have voted to repeal and begin the replacement process on the health care bill, the President's takeover of health care, but, instead, most of them, the vast majority of them, decided to move forward with the tax, a tax that they pledged they would never commit and carry out on the middle class of this country.

Growing up in a little town of the eastern plains of Colorado, I will never forget my hometown doctor. At times, he was the only doctor in a town of about 3,000 people. His name was Jack Pierce. Dr. Pierce was somebody that's still looked up to in my hometown. He's moved away, lives in Texas now, but he's somebody who parts of the new hospital is named after, somebody who delivered me and was there when my mom, in my hometown, was delivered as well.

Dr. Pierce was my doctor's name. With the health care bill, the rest of America gets Dr. Washington. Dr. Washington is now going to make health care decisions for the American people. If you're sick and you need help, you better have the approval of

Dr. Washington first because Dr. Washington has a board of bureaucrats that will decide for you what kind of treatment you may or may not receive.

Dr. Washington is going to ensure that you have a \$1,200 increase in health care premiums if you're the average American family. That's just what happened after the first year of enactment of the President's health care takeover.

Dr. Washington will see that, in 2016, you'll have a 13 percent increase in your premium for individuals and families who can buy coverage on their own compared to if the law hadn't been enacted at all, a 13 percent increase if the law hadn't been enacted at all.

Going back to Colorado and talking to business owners, they talk about what their costs will be. Families talk about the insurance that they'd like to have now, the insurance they wanted to keep but are concerned they're not going to be able to under the President's takeover of health care. This tax increase will cost Americans dearly. It will cost them the doctors that they wanted and it will cost them the insurance that they'd like to keep.

We know that this bill is going to cost even more than it was anticipated to cost. As recently as June 27, 2012, they said that this health care bill would cost \$1.8 trillion over the next 10 years. Today, we see numbers with new estimates over \$2 trillion, nearly \$2.6 trillion over the next 10 years to pay for this. How is it going to be paid for? A tax on the American people.

In a letter to the Governor of Texas, Kathleen Sebelius, Secretary Sebelius, wrote, saying:

We encourage you to participate in this new, expanded health care opportunity because of the generous Federal benefits that are being offered.

How is this country going to pay for those generous Federal benefits? Deficit spending? borrowing? tax increases? The answer is: All of the above. In fact, that may be the only thing this administration agrees with when it comes to all of the above—taxes, spending, and debt.

Ladies and gentlemen, the people that I represent in Colorado, the people that we represent in this country are asking for real health care solutions. They're asking for solutions that will improve the quality of care while decreasing the cost of care. The President's takeover does none of those.

We have an obligation to this country, to the people we represent, to make sure they understand that when the chief actuary of Medicare says that the two primary promises that were made in this health care bill will never materialize, that it will decrease costs and that if you like the insurance you have, you get to keep it—the chief actuary, independent actuary, has said those two primary promises will not be realized. And yet today, the vast majority of people in the President's own party said move forward with the tax and say good-bye to the health care

that you and your family is hoping to secure.

So with that, I would again thank the gentleman from New York for the opportunity to be here to talk about ways that we can move this country forward and our obligation to the American people.

Mr. REED. I so appreciate the gentleman from Colorado joining us tonight.

When you talk about Dr. Washington, it is a great analogy. What we're really talking about—are we not?—is the Independent Payment Advisory Board as kind of the primary example of the agency of Dr. Washington.

What is the Independent Payment Advisory Board? It's 15 unelected bureaucrats that, under the law, will be making recommendations to Congress as to where to cut in Medicare, the types of services that are going to be provided under American health care going forward under ObamaCare.

Now, the argument I've heard from my colleagues on the other side of the aisle is, well, those are just recommendations. But they go to Congress, and if we disagree, we can take a vote in the House and take a vote in the Senate and the President signs it into law, and we overrule those recommendations.

Look at the law. Read the law. I trust the American individuals. Read the law. What do those recommendations do?

Those recommendations come to Congress and require a two-thirds vote of the House and the Senate to approve or disapprove those recommendations if we want to do something differently than what the agency recommends to us. Why stack the deck? Why have a two-thirds voting requirement on such a critical issue as to what health care is going to be delivered in America? So let's just be open and honest with the American people and call it what it is.

You've got 15 unelected bureaucrats—under the law, not obligated to conduct their conversations or their debates in public—make recommendations to Congress so that they can say that we're having Congress ultimately have the ultimate decision, but then make Congress have a two-thirds voting requirement to override those 15 members of that unelected Independent Payment Advisory Board when it comes to health care decisions. What kind of health care system is that?

We can do better. We don't need to rely on Dr. Washington. We need a mulligan, as my colleague from Florida said. We can do better. We can do it by repealing this and listening to the American people and adopting reforms that are patient-centered and doctor-centered at the end of the day.

With that, I am so pleased to be joined by a great colleague from Tennessee (Mrs. BLACK), a colleague of the Ways and Means Committee. I'm proud to yield to her.

Mrs. BLACK. Thank you, my colleague from New York. I want to thank

you for managing this Special Order tonight because we cannot talk about this issue enough. We have got to continue to make sure that the American people are aware of this devastating bill called ObamaCare, or the Patient Affordability Act.

Now, having been a nurse for over 40 years and working in the health care system, we have the best health care in the world. I have done medical mission trips in other parts of the world, and I can tell you they don't come anywhere near providing the kind of quality service that we have here in this country. As a matter of fact, we will see people from other countries come to the United States to get that care because they know across this world that we provide the best health care in the world.

But I'm not going to disagree that the system is broken and does need some repair.

□ 1800

We do need to have more accessibility. We do need to lower the cost, and we need to make sure that, while doing that, we maintain and increase quality.

However, what has happened in the bill that was passed some 3 years ago now by our colleagues on the other side of the aisle, there wasn't transparency, there wasn't input by those who were providing care and that are a part of the system, and we didn't see patient-centered care.

There are other solutions. This is not the only solution. And as my colleague from New York shows this chart, this very complicated chart, when NANCY PELOSI said that we have to pass this bill to know what's in it, she was correct, because as we look at these 139 different agencies that still are going to have to be created and rules and regulations that need to be promulgated, we have no clue of what's going to be happening with this health care system now for the next 5 to 8 years.

We do have some solutions, good solutions that are patient-centered, that are market-driven solutions, such as HSAs, which really have not been given a chance. But HSAs are a very, very good way, especially for the young. Many of the young people that are currently not insured are not insured because they can't see a reason for paying for the very expensive insurance that's out there and available for them.

Things such as removing the barriers from purchasing your health care across State lines, these are some good, market-driven ideas that will bring the cost of health care down and give patients more opportunity for them to make decisions about what's best for them in their health care.

Also, tort reform. We know tort reform has worked in those States where it has been successfully implemented. Tort reform needs to be done across the entire country.

These are real solutions that allow the patient to be in the driver seat to

make those decisions about what's best for them.

But, instead, what do we have?

We have a law that's devastating our economy, and it is wrong medicine for our health care system.

Three-quarters of our small businesses—and I know that as I visit these small businesses across my district, they're the bedrock of the U.S. economy—say the law is preventing them from hiring people. And all of this, and health care costs continue to soar, so it hasn't done anything to bring the cost down. What we're seeing is the cost escalating.

And to make matters worse, ObamaCare will result in millions of Americans being dropped from their employers' health insurance plans and pushed on the government-run health insurance. And all of this, all of this results in more deficit spending and more tax hikes for the middle class folks.

The President has said as recently as this week that he does not want to raise taxes on the middle class. He also says he wants Congress to focus on job creation and the economy.

But, Mr. President, the House has voted yet again to do just that. By repealing ObamaCare, we can prevent this crippling tax on the middle class, and this will also lift the cloud of uncertainty and other job-killing taxes that are wreaking havoc on our economy and our health care system.

It's been 41 straight months of unemployment above 8 percent, and it doesn't look like things are going to change very soon. If the President is committed to helping the middle class like he says, then he will join us in doing away with this law that is increasing the tax burden and the cost of health care for all Americans. Americans deserve better.

Thank you again, my colleague from New York, for managing this time to allow us to be able to talk to the American people and help them understand there are real solutions out there.

Mr. REED. I so appreciate my colleague from Tennessee offering her comments. And I know we're coming to the end of our hour with a few minutes left, but we have plenty of time for two more colleagues that have joined us this evening.

I yield to a great gentleman from Texas, a member of the freshman class, Mr. FLORES.

Mr. FLORES. Mr. REED, I want to thank you for managing this Special Order today, and thank you for allowing me some time to participate.

I'm very proud of our freshman class here in Washington. We have changed things in this town, at least on this side of the Capitol, and we're responding to what the American people want. The American people overwhelmingly do not want ObamaCare.

So I have to thank Mr. PALAZZO and Mr. WEST and Mrs. BLACK. I assume Mr. WOODALL's going to speak in a few minutes, and Mr. GARDNER, and thank them for getting up here and telling the truth.

A few minutes ago I was sitting in the Chair as the Speaker pro tempore, and the gentleman from California (Mr. GARAMENDI), a Democrat, and Mr. TONKO, a Democrat from New York, invited me to come down and debate with them, so I'm here to debate with them.

If you'd listen to what the Democrats say about ObamaCare, you'd think the world was going to be perfect and butterflies were going to be singing Kumbaya. You'd think that everything was going to be just fine.

When you go to the HHS Web site that talks about ObamaCare, all you see are all the things that tell you about how great your life is going to be, but it doesn't discuss the cost. And only in this town we call Washington, D.C., this town that's based on fantasy, can you believe things like that, where you can get everything for a cost of nothing.

Well, Americans know that's not the case. They know that you can't do that, and Americans know that you can't take one-sixth of our economy and turn it over to bureaucrats like the people that run the GSA. Now, the people at the GSA partied real well, but I don't trust them with our Nation's health care, not my granddaughter's, not my grandmother's, none of their health care.

Now, we, as I said, in this town we're changing things as the freshman class. Most of us that came in this class came from the real world. We know how to sign the front side of a paycheck, we know what the commitment is like to have to hire an employee, to have to make sure that that employee's family gets a paycheck so that that family will have food and housing and education; that they can be part of a robust local economy so that they can be part of a healthy middle class in this country.

But bureaucrats don't do that. The private sector does that, builds that healthy economy for Americans.

So, again, I just can't see how you could say that we could turn over health care to folks like the ones that run the GSA.

What Mr. GARAMENDI and Mr. TONKO need to do, when they say that everything's for free and costs nothing, and the world's going to be better off, they need to come talk to a small software company in Waco, Texas, that saw their premiums go up in 2011 by 27 percent and saw their health insurance premiums go up this year by 23 percent. Or the small manufacturer in Bryan-College Station, Texas, that's looked at their premiums increase by a combination of about 40 percent over the last 2 years. And each of these companies is thinking, Do I have to drop coverage? Do I have to lay off employees so I can absorb the extra cost? Do I move my operations overseas?

The folks on the other side of the aisle need to understand that the taxes, the restrictions, the regulations that come with ObamaCare are a tax on all America. When you tax the econ-

omy, you tax all Americans. And we've already talked in great detail. Mr. WEST laid out all the taxes in ObamaCare, did it pretty well.

But I just say, when you add it all up, and you add all those taxes together, they're a tax on the economy, and that's a tax on the middle class. That's a tax on every class in America. And that's not what Americans want.

I voted for the repeal of ObamaCare today, and I'm proud I did. And I'd urge that HARRY REID, over in the Senate, take it up.

And so I've put together sort of the top 10 fatal flaws that are part of ObamaCare, and here they are.

Number one, the worst of them is it's a violation of our constitutional liberties, your right to your religious preferences, where you can have a bureaucrat, like the ones at the GSA, cram down your throat what your employer has to provide for you or what it may not provide for you.

Number two, it fails in its primary goals of controlling costs and allowing Americans to keep their health insurance coverage. You heard our other freshman speakers lay that out well today.

Number three, it hurts our hard-working taxpayers by adding over 20 new taxes, costing over \$800 billion, taxes on things like home sales and investment income. Those hit the middle class just like everybody else.

Number four, according to the non-partisan Congressional Budget Office, the CBO, as we call it around here, it will cost our Nation over 800,000 jobs. How's that good for the middle class?

In addition, now that the State Medicaid mandate was ruled unconstitutional, the costs of ObamaCare are going to increase by \$700 billion. And that's already on top, further damaging our fragile fiscal situation at the Federal level.

Number six, we've already talked about this tonight, a half a trillion dollars cut from Medicare, hurting our seniors.

□ 1810

Number seven, ObamaCare puts 15 unelected, unaccountable bureaucrats between doctors and patients.

Mr. Speaker, I don't want people who run the GSA between me and my doctor or between my granddaughter and her doctor or my daughter-in-law and her doctor. This is an assault on all Americans—women and men, young and old.

Number eight, even though it has been partially implemented, it has caused health care premiums to inflate dramatically across the country.

Number nine, ObamaCare is causing massive uncertainty for American businesses, hurting American job growth and our economy and the American middle class, adding further pain to all of the economic policies that we are experiencing in the Obama economy.

Number 10, we heard about this earlier, about the Federal takeover of the

student loan program, which is another accounting gimmick that was used to pay for the Democratic takeover of health care.

So, Mr. REED and Mr. Speaker, I would say it's time for us—and we did today—to recognize that these fatal flaws mean that this program should be overturned. We did the right thing today. We took bold action, and I think it's high time that the Senate acted and did the same thing.

One of the things that Mr. TONKO and Mr. GARAMENDI talked about is if Americans wanted to hear the facts. They laid out their version of the facts. Americans can go my Web site. There is an ObamaCare section at flores.house.gov that's right at the top of the page. You can find out about the taxes. You can find out about the law and about the times we've tried to repeal this thing. You can read the law to see what's in it. You can read the Supreme Court decision. Then you can also see what the Republican alternatives are, some of the ideas of the alternatives to fix this.

Mr. REED, I thank you for your leadership on this, and I look forward to serving with you.

Mr. REED, I appreciate the gentleman for joining us this evening.

I know we have another freshman colleague from the great State of Georgia who has joined us this evening and who will bring us to a conclusion.

Mr. WOODALL, I am proud to yield to you.

Mr. WOODALL, I thank the gentleman for yielding. I appreciate the Speaker for being down here with us, and I appreciate the comments of my friend from Texas.

He says, you know, if you want to, you can just go and read the law. Wouldn't that be neat? Wouldn't that be neat? If you wonder what some of those reforms are that the freshman class brought to this body, you can now go and read the law. There is time to make that happen, and that is what is so frustrating to me about this debate.

I appreciate the way that you all have highlighted each and every one of these things, because when I go to the folks back home, they say, Rob, the President told me he's going to bring down health care costs. Wouldn't that be good?

I say, Yes, that would be good.

They say, The President tells me he's going to ensure that I can keep the policy that my family knows and loves today. Wouldn't that be good?

I say, Yes, that would be good.

Then the people say, Well, Rob, he tells me he's going to make sure that children who don't have access to health care today will have access to health care tomorrow. Wouldn't that be good?

I say, Yes, that would be good.

They say, So why do you oppose the bill?

I say, Because it doesn't do any of those things. Take a look.

Now, the CBO tells us it's 800,000 jobs that this bill destroys. Let's say it's

only 700,000. That's 700,000 too many. Study after study tells us this is raising costs with all the mandates—mandate after mandate after mandate—from the Federal level. Let's say there are only a dozen mandates instead of the 30 or 40 that I believe there are. Isn't that a dozen too many?

In my great State of Georgia, a family went out to buy insurance for their child shortly after the President's health care bill passed. Do you know what the insurance commissioner told them? He said, You know, you could have purchased a policy for your child before the President's health care bill passed—but, after the President's health care bill passed, every single insurer of children left the State of Georgia because they could not do business under the President's model.

Read the law, my colleague from Texas says. Look at the chart, my colleague from New York says. When you get to the facts, if only it did what the President promised America it would do, but it doesn't. But we can.

The first vote we took as freshmen was to repeal the President's health care bill. About 189 of our colleagues voted against it. They wanted to keep it. Today, only 185 of our colleagues voted against it and wanted to keep it.

The folks asked back home, Rob, what happens now that the Supreme Court has said it's okay?

I said, They didn't say it was okay. They said they weren't able to look at the policy to see if the policy was any good. They said it's not their job to protect the American people from their political decisions. They said, yes, the power to tax is just this dangerous but that it's up to Congress to decide.

Congress decided today.

I am grateful to my friend from New York for using this opportunity to highlight that decision. The final say on this bill was not the last Thursday in June with the Supreme Court. It is the first Tuesday in November with the American people.

You and I know what the American people are going to say. We are their Representatives. This is not the 29th time, and it is not the 30th time. It is the 31st time the American people's Representatives have spoken in this House, and they've said we can do better. This bill is bad for America. It's bad for health care reform. We can do better.

I thank my friend from New York.

Mr. REED. I appreciate the gentleman from Georgia and my colleague from Texas and all of my colleagues for joining us.

As we wrap up tonight, you're absolutely right. We can do better. Health care, obviously, needs to be reformed. The costs that we are seeing and the increases in costs in health care need to be addressed, but this law doesn't do it. This law compounds the problem. Just look at its track record. I've been contacted by numerous constituents over the last year who were talking about premium notices with increases

of 10 to 15 percent in the State of New York. It's not delivering on the promises.

As my colleague from Texas says, read the law. Absolutely, read the law. We have. We have spoken in this body on behalf of the people and have said we stand for repeal. My colleague from Georgia is absolutely correct, and the Chief Justice's closing comments are absolutely correct—it's up to the people. That's when they will speak, in November 2012.

I know that we stand on their side with the vote that we took today to say that we can do better. We need to stop this government takeover and these tax increases that are coming down the pike to pay for it. We need to stop it before it's too late, and November 2012 is the last stop to allow us to turn this back.

With that, I am so pleased to yield back the balance of my time.

OBAMACARE AND OTHER ADMINISTRATION ACTIVITIES

The SPEAKER pro tempore (Mr. FINCHER). Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Thank you, Mr. Speaker.

We have had a number of people ask, Why would we have a vote today to repeal ObamaCare when it has been done before?

There had not been a vote taken since the United States Supreme Court said that the administration misrepresented what was really in this bill. It was a tax. We know there have been misrepresentations about different things, but this bill creates a massive tax for the people who can least afford it.

So run the numbers:

If you make \$14,856 or more and if you're a single individual, then the chances are you're probably not going to be able to pay for a \$12,000 health insurance policy, which is the estimated cost of the insurance policy that is being mandated by the ObamaCare law. If you cannot and if you make more than \$14,856—let's say you make \$20,000—and you can't afford the \$12,000 for the insurance policy, then you will have an extra annual tax of \$371 when the 2½ percent extra income tax kicks in. If you only make \$14,856 and if that's before taxes—take away a hunk of that for income tax, Medicare tax, Social Security tax—then that \$371 means a lot. It may mean the difference between being able to fill up a worker's car enough times to get to and from work so he doesn't lose his job.

If you're a family of two and if you make \$20,123 or more—if you make \$30,000 or anything over \$20,123—then you will have an extra 2½ percent tax of \$503.

□ 1820

But the more you make over \$20,123, the more the tax is. But it's a min-

imum of \$503. If you make \$30,657 and you're a family of four, four people living off \$30,657 under ObamaCare, if you still cannot afford the \$12,000 or so policy that the government mandates under this law, then you will have an additional \$766 with which you will not be able to buy food for your family. You'll not be able to buy gas for your car with that extra \$766. I don't mean people who make \$30,000 and have a family of four have an extra \$766. The people I talk to that make that kind of money and have a family of four don't have any extra money, and especially not to pay the extra \$766 Obama tax on these individuals.

If you make \$41,190 or more and you're a family of six, you will have a minimum \$1,030 extra income tax that you will have to pay in order to meet the requirements of ObamaCare and to keep the Obama tax IRS agents off your doorstep. There are thousands and thousands of new IRS agents who will find jobs, even though there's hundreds of thousands in net loss of jobs since this President has taken over. We've lost four more jobs than we've picked up.

At least one piece of good news is that the government has gotten bigger. That's good news for those who love big government. I don't happen to. There's good news for those who love more IRS agents because we're adding thousands and thousands of those who will make sure that if you make \$41,190 and you're a family of six, they'll make sure that not only do you have to pay your regular income tax, you will have an added tax, an Obama tax in ObamaCare of \$1,030 minimum. Anything you make above \$41,190 and you're a family of six or fewer, then you will keep paying more tax the more you make. And that is if you're not able to afford the \$12,000 or so average cost that is estimated that the Obama health insurance that's dictated in the ObamaCare bill will require.

If you're a family of eight or more and you make \$51,724 or more, you will have a minimum tax of \$1,293 on top of regular income tax. Congratulations, that's a gift from the Obama administration and all of those—not a single Republican—on the Democratic side of the aisle that voted to cram down ObamaCare on a Nation where it was clear poll after poll after poll what the people wanted. The American people got it. They did not want the government dictating their health care.

Now we have Chief Justice John Roberts abandoning intellectual integrity with his opinion in pages 11 through 15 and saying clearly this is not a tax, it's a penalty. It's the Obama administration penalizing everybody in America that doesn't buy exactly what the administration says. It's a penalty. Chief Roberts makes it clear the best evidence he says of what it is is Congress' own language. Congress calls it a "penalty." It really is. It just penalizes those who don't do what the Obama administration says.

Then at about the middle of page 15 of the Supreme Court opinion, Chief Justice Roberts says since it's a penalty and not a tax, the Anti-Injunction Act does not apply. So the Supreme Court does have jurisdiction because, as he makes clear, if this were really a tax, the Anti-Injunction Act would apply, and no one could file suit over the ObamaCare bill until 2014. But he says since it's a penalty and not a tax, then we do have jurisdiction, we can proceed now, and we don't have to wait until 2014.

Then he proceeds through the rest of his opinion, after talking about the Commerce Clause, to say that no matter what Congress called it, this is really a tax. Then, of course, he has to also justify why he calls it a penalty for one thing and a tax for another. It is one of the worst written opinions that I've seen.

At least when the liberals on the Supreme Court have written opinions, they've at least been more intellectually consistent than that tragic opinion as written by our Chief Justice. He's a good man. He lost his way. I feel sure that at some point he will find his way back when he realizes what has really occurred.

Today, the ObamaCare bill was debated somewhat further; but yesterday during the debate I heard people on the Democratic side of the aisle who kept saying, No one has lost their insurance. No one will lose their insurance. If you like your insurance, you're not going to lose it. There were people that I have great respect for saying that, and I know they would never intentionally tell something that's false, the key being intentionally.

What it told me is they really don't know; they honestly don't know that people across America have already been losing their insurance that they liked and wanted to keep. They don't know that. So I'm hopeful that people across America, when they've heard over the last few days people saying nobody will lose their insurance, nobody has lost their insurance, that as people continue to and have already lost their insurance, that they will make sure to drop a line or give a call or something and make sure that people here know that, Yes, we have lost our insurance and we liked it. We were okay with it. It was ObamaCare that caused the loss.

We heard people who kept saying we ought to be talking about jobs. I know they're sincere about that. What they don't understand is that this bill is killing jobs. As so many people have said that I've talked to, We are right there at the 50-employee limit under ObamaCare. We don't want to have 50. We're keeping things small. We're not going to hire some folks. We're doing other things because we simply cannot afford to pay that extra \$2,000 an employee tax that we get hit with the minute we go over that 50-employee limit.

There are people not being hired. There are people that are losing jobs.

Others are saying, We're downscaling. We don't want to be over that 50-employee number so that we can maybe stay competitive in a down economy.

But the trouble is, people are hurting these days. The economy is difficult.

And I've been intrigued, as have people on both sides of the aisle, who let me know that during this time when we have a chance—Democrats for a time, Republicans for a time, back and forth—have a chance to bring things to the floor to get into the CONGRESSIONAL RECORD and to make public things that others may have missed. I constantly have people say, I had no idea about that until I heard you talking about it on the floor. I was watching C-SPAN.

And I've been told before, Gee, we love it when you're on TV because then we can finally turn you off. Then I have been told by others in some offices here on Capitol Hill that they actually turn up the sound when they see me on.

Whatever the case, Mr. Speaker, this is a wonderful chance to make sure people get information that they don't have time to get otherwise.

□ 1830

We have been hearing a great deal about the photo ID.

In the District of Columbia Federal court here, we have been having a suit between our so-called Department of Justice and Texas over whether Texas can do as Indiana did and require a photo ID in order to vote.

Texas pretty well tracked the Indiana law. It looks like a good law. I read it. I read the Supreme Court opinion that addressed the issue and upheld the law as being a legitimate law.

I don't know that, from reports I heard today, whether or not Texas is trying the case properly, but if they put on the evidence that's available and is quite convincing and clear, there should be no reason for Texas to lose this case that requires a photo ID. If someone cannot afford a photo ID, they can't afford the few dollars for that, then under the Texas law, as the Indiana law, they can simply make that indication, and if you can't pay for it, then you're going to get it free.

There are groups in Texas that have made clear if you can't get to where you need to go to get a photo ID, we'll take you there.

In fact, if this Justice Department had spent a tiny, tiny fraction of the money it has spent on this litigation against Texas, against Florida, and against these other States on just helping people get photo IDs, there wouldn't have been a problem in the world with everybody having a photo ID that needed one.

This article, a July 11, 2012, publication, Katie Pavlich, News Editor, writes:

Earlier today, Attorney General Eric Holder addressed the NAACP National Convention at the George R. Brown Convention Center in Houston, Texas. What did media need

in order to attend? That's right, government issued photo identification (and a second form of identification too!), something both Holder and the NAACP stand firmly against when it comes to voting.

Wow, the NAACP and the Attorney General have just disenfranchised a slew of people that probably would have liked to have heard the Attorney General. But they disenfranchised them, said you can't come into the NAACP convention unless you've got a photo ID. You can't come in.

Yet the Attorney General was in court saying that what Texas is doing is wrong, and if it's wrong, why are the NAACP and the Attorney General doing it?

The article says:

All media must present government-issued photo ID (such as a driver's license) as well as valid media credentials. Members of the media must RSVP to receive press credentials.

And it gives the website. Then it says:

For security purposes, media check-in and equipment setup must be completed by 7:45 a.m. CDT for an 8:00 a.m. CDT security sweep. Once the security sweep is completed, additional media equipment will NOT be permitted to enter and swept equipment will NOT be permitted to exit.

But what's sad is these so-called folks that can't get a photo ID that the NAACP and the Attorney General are complaining about, not being able to get one, they can't even get into the convention.

So how is it that these people who say we're out for those that don't have a photo ID really care about those without a photo ID if they won't even let them into their convention?

Continuing:

Ironically, NAACP President Ben Jealous railed against voter ID just before Holder took the stage.

In the convention they are railing against it, but the people without photo IDs, if there are those who can't get them that really want them, they couldn't get in to hear the speech.

Going on:

The head of the NAACP on Monday likened the group's fight against conservative-backed voter ID laws that have been passed in several States to the great civil rights battles of the 1960s.

Benjamin Todd Jealous, the CEO and president of the National Association for the Advancement of Colored People, said these are "Selma and Montgomery times," referring to historic Alabama civil rights confrontations. He challenged those attending the NAACP's annual convention to redouble their efforts to get out the vote in November.

"We must overwhelm the rising tide of voting suppression with the high tide of registration and mobilization and motivation and protection," he said.

"Simply put, the NAACP will never stand by as any State tries to encode discrimination into law," Jealous said.

Well, obviously he doesn't have a chance to get out and see the real news. But in Georgia they passed a photo ID requirement for voters and have had two elections since, and in both those elections minorities have

increased greater than before, and actually increased greater than Anglo voters. There has been no disenfranchisement in Georgia.

So, actually, it turns out that the photo ID has engaged minority voters. The fact is the Voting Rights Amendment is a violation of our United States Constitution until it is applied, section 5 is applied, to every State in the Union.

There were southern States that were guilty of racial suppression in the sixties and prior, and it is an abomination to this Nation that such occurred, not nearly as much as slavery, but it's still an abomination. It still should not have been happening. The Voting Rights Act has done a great deal toward eliminating that.

But, unfortunately, under the Voting Rights Act, atypical of most things in America, once you improve your State to the place where there is no problem, you still are not out from under punishment, the penalty of section 5, because of what happened in the 1960s and before.

So, States have complained, look, you know, we fix things. We're doing good. In fact, we are doing better than so many districts in other parts of the country that are not under section 5 that's so punitive.

Some of us couldn't help but wonder, when a big majority on both sides of the aisle voted to extend the Voting Rights Act, including section 5 that got even tougher for another 25 years, why they wouldn't have supported the Gohmert amendment. The Gohmert amendment said, look, section 5, punitive provisions ought to apply to every district, every State in the country. Failure to do so is a violation of equal protection.

Why is it that districts in other parts of the country, north, east, west, are allowed to grow into racial disparity and suppression of minority vote but they're not treated with section 5, whereas States that have been under that punitive provision can't ever get out from under it even though they are better off than other parts of the country?

Well, the reason, it seems to be—you wonder, why would people vote? Why not vote to do it across the country? If it's good for these States that have proved better than our own State, why should it not apply to everyone? And I still ask that question. The only thing you wonder is we had the power to ram this down on these States punitively, so we did. The last thing we wanted was any of those punitive provisions applying to our States or our districts where disparity is more a problem than those original areas.

So, I don't know. I wonder if at some point we're going to have a rush of the bipartisan leadership that pushed that through to come back and say, You know what, LOUIE, you're right. If it applies to southern States, it ought to apply to everybody. It ought to apply to those districts that have more of a

racial problem than there has been or exists now in those States that are treated punitively.

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Well, we'll see.

We've also heard about the loving relationship, as this administration says, with such a great ally as Israel. And it defies explanation. This is from Breitbart, William Bigelow, dated 10 July 2012:

How much does Barack Obama hate Israel and want to throw her under the bus? Here's how much: the Obama administration not only excluded Israel from a new counterterrorism forum in Spain; it didn't even mention Israel in its remarks. If there were ever a country that has dealt with murderous terrorist attacks over and over again, that country would have to be Israel.

Here's what Marie Otero, the State Department's Under Secretary for Civilian Security, Democracy and Human Rights, said:

"Last September at the official launch of the Global Counterterrorism Forum, I had the privilege to introduce the premiere of a film 'Hear Their Voices,' which tells the stories of 11 survivors of terrorist attacks from Pakistan, Jordan, Northern Ireland, Uganda, Turkey, Indonesia, India, Spain, Colombia, and the United States. The film, which was produced by the Global Survivors Network, is a powerful plea for audiences around the world, especially those sympathetic to the grievances expressed by extremists, to recognize the human cost of terrorism, and I am delighted that our Spanish hosts are planning on showing this film here later this afternoon."

When Secretary of State Clinton announced the coalition's formation in June, she didn't include Israel on her list of countries that suffer from terrorist attacks.

How could Secretary Clinton not immediately think of Israel as a country that suffers from terrorist attacks when they have bombs, they have rockets flying into Israel every day?

Defenders of Israel were furious, even those who were Democrats. Josh Block, a Democratic strategist and a former spokesman for AIPAC, said, "When the administration promised to include Israel in the counterterrorism forum that the United States founded—after Jerusalem's inexplicable exclusion from the initial meeting a month ago—one would think that they would be true to their word. Clearly, someone failed here. How Israel could be excluded from another meeting of an anti-terror forum that we in the United States chair is beyond comprehension, especially one that focuses on victims of terrorism. At a time when Romney is challenging the administration's record on U.S.-Israel relations, this error stands out."

First of all, Mr. Block, no one failed here. Obama succeeded beyond his wildest dreams.

Later in the article:

Jonathan Schanzer, vice president for research at the Foundation of Defense of Democracies, said, "What we're seeing is a trend of Israel being left out of the global discussion on terrorism, while Israel was extremely helpful during the beginning stages of this conversation. The Obama administration is downplaying the struggle that Israel has been enduring. I believe to a certain extent this is due to regional politics, and it's disconcerting to see this change. It just looks like a quiet effort to downplay the issue."

The State Department would not answer questions about the matter.

Pretty tragic how this State Department, how this administration could continue to exclude Israel from counterterrorism discussions about countries who have been victims of terrorism.

Here is an interesting additional article. We had another hearing today in one of our Judiciary Committees. It caused us to think again about Fast and Furious, never far from your mind when you know there are guns out there still being used to kill innocent people that were put there, forced there, by this administration. This article, dated July 6 from Deroy Murdock, National Review Online—and I'm not going to read the whole article, but a significant part is important to note.

Mr. Murdock writes:

While Brian Terry is the most visible victim of this notorious policy, he is not its sole casualty.

On February 15, 2011, U.S. Immigration and Customs Enforcement agent Jaime Zapata, 32, was shot mortally in San Luis Potosi, Mexico. Members of Los Zetas drug gang also hit ICE agent Victor Avila in that ambush, although not fatally. This assault involved a rifle purchased in Dallas in another Obama administration "gunwalking" escapade.

Largely overlooked is this plan's calamitous impact on Mexico, its people, and U.S.-Mexican relations. Fast and Furious has spilled American blood. But south of the border, it has made blood gush like an oil strike.

"One of the things that's so offensive about this case is that our Federal Government knowingly, willfully, purposefully, gave the drug cartels nearly 2,000 weapons—mainly AK-47s—and allowed them to walk," Representative JASON CHAFFETZ told NBC News. These arms were supplied to lead Federal agents in Phoenix to the Mexican thugs who acquired them. Instead, Fast and Furious guns melted into Mexico without a trace.

And I add, parenthetically, because they were never intended to be followed. And that was clear.

Back to the article:

These weapons became invisible, but not silent.

The 300 Mexicans or so that have died as a result of this also deserve attention and what it's done to our American-Mexican relations needs great sympathy and heartfelt apologies.

With that, Mr. Speaker, I yield back the balance of my time.

SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 2061. An act to provide for an exchange of land between the Department of Homeland Security and the South Carolina State Ports Authority.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 47 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, July 12, 2012, at 9 a.m.

EXECUTIVE COMMUNICATIONS,
ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

6832. A letter from the Secretary of the Commission, Commodity Futures Trading Commission, transmitting the Commission's final rule — Customer Clearing Documentation, Timing of Acceptance for Clearing, and Clearing Member Risk Management; Core Principles and Other Requirements for Designated Contract Markets; Correction (RIN: 3038-0092, -0094) received June 25, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6833. A letter from the Secretary, Commodity Futures Trading Commission, transmitting the Commission's final rule — Swap Data Recordkeeping and Reporting Requirements: Pre-Enactment and Transition Swaps [3038-AD48] received June 15, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6834. A letter from the Congressional Review Coordinator, Department of Agriculture, transmitting the Department's final rule — Highly Pathogenic Avian Influenza [Docket No.: APHIS-2006-0074] (RIN: 0579-AC36) received June 14, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6835. A letter from the Congressional Review Coordinator, Department of Agriculture, transmitting the Department's final rule — Importation of Tomatoes From the Economic Community of West African States Into the Continental United States [Docket No.: APHIS-2011-0012] (RIN: 0579-AD48) received June 14, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6836. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Cyflupfenamid; Pesticide Tolerances [EPA-HQ-OPP-2009-0029; FRL-9352-5] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6837. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Propiconazole; Pesticide Tolerances [EPA-HQ-OPP-2011-0397; FRL-9350-9] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6838. A letter from the Chairman, Board Governors of the Federal Reserve System, transmitting Annual Report to the Congress on the Presidential \$1 Coin Program; to the Committee on Financial Services.

6839. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to Ireland pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

6840. A letter from the Chairman President, Export-Import Bank, transmitting the Bank's report on export credit competition and the Export-Import Bank of the United States for the period January 1, 2011 through December 31, 2011; to the Committee on Financial Services.

6841. A letter from the Chairman, Appraisal Subcommittee, Federal Financial Institutions Examination Council, transmitting the 2011 Annual Report of the Appraisal Subcommittee, pursuant to 12 U.S.C. 3332; to the Committee on Financial Services.

6842. A letter from the Secretary, Department of Health and Human Services, transmitting Review of HIV Program Effectiveness, pursuant to 42 U.S.C. 300ff-87a Public

Law 111-87, section 2688(c); to the Committee on Energy and Commerce.

6843. A letter from the Chief Executive Officer, Anti-Doping Agency, transmitting the Agency's 2011 Annual Report and Financial Audit; to the Committee on Energy and Commerce.

6844. A letter from the Administrator, Department of Energy, transmitting a report entitled "The Availability and Price of Petroleum and Petroleum Products Produced in Countries Other than Iran"; to the Committee on Energy and Commerce.

6845. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule — Irradiation in the Production, Processing, and Handling of Food [Docket No.: FDA-2007-F-0390] (Formerly 2007F-0115) received June 14, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6846. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Ohio; Regional Haze [EPA-R05-OAR-2011-0329; FRL-9683-4] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6847. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Indiana; Volatile Organic Compounds; Consumer Products [EPA-R05-OAR-2010-1050; FRL-9690-3] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6848. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans and Designation of areas for Air Quality Planning Purposes; Missouri and Illinois; St. Louis Nonattainment area; Determination of Attainment by Applicable Attainment Date for the 1997 Annual Fine Particulate Standards [EPA-R07-OAR-2011-0627; FRL-9692-8] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6849. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Louisiana; Regional Haze State Implementation Plan [EPA-R06-OAR-2008-0510; FRL-9692-3] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6850. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; State of Georgia; Regional Haze State Implementation Plan [EPA-R04-OAR-2010-0936; FRL-9696-1] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6851. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Louisiana: Final Authorization of State Hazardous Waste Management Program Revision [EPA-R06-RCRA-2012-0367 FRL-9692-7] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6852. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, Mojave Desert

Air Quality Management District (MDAQMD) and Yolo-Solano Air Quality Management District (YSAQMD) [EPA-R09-OAR-2012-0027; FRL-9686-6] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6853. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Withdrawal of Direct Final Rule Revising the California State Implementation Plan, South Coast Air Quality Management District [EPA-R09-OAR-2012-0236; FRL-9609-9] received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6854. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Carriage of Digital Television Broadcast Signals: Amendment to Part 76 of the Commission's Rules [CS Docket: 98-120] received June 18, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6855. A letter from the Deputy Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting the Commission's final rule — Connect America Fund; A National Broadband Plan for Our Future; Establishing Just and Reasonable Rates for Local Exchange Carriers; High-Cost Universal Service Support; Developing a Unified Intercarrier Compensation Regime; Federal-State Joint Board on Universal Service; Lifeline and Link-Up; Universal Service Reform-Mobility Fund [WC Docket No.: 10-90] [GN Docket No.: 09-51] [WC Docket No.: 07-135] [WC Docket No.: 05-337] [CC Docket No.: 01-92] [CC Docket No.: 96-45] [WC Docket No.: 03-109] [WT Docket No.: 10-208] received June 14, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6856. A letter from the Deputy Director, Defense Security Cooperation Agency, transmitting Transmittal No. 12-19, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

6857. A letter from the Assistant Secretary for Export Administration, Department of Commerce, transmitting the Department's final rule — Implementation of the Understandings Reached at the 2011 Australia Group (AG) Plenary Meeting and other AG-Related Clarifications to the EAR [Docket No.: 120112039-2176-03] (RIN: 0694AF45) received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6858. A letter from the Auditor, Office of the District of Columbia Auditor, transmitting copy of the report entitled "District of Columbia Agencies' Compliance with Fiscal Year 2011 Small Business Enterprise Expenditure Goals", pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

6859. A letter from the Auditor, Office of the District of Columbia Auditor, transmitting copy of the report entitled "District of Columbia Agencies' Compliance with Fiscal Year 2011 Small Business Enterprise Expenditure Goals", pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

6860. A letter from the Secretary, Department of Education, transmitting the forty-sixth Semiannual Report to Congress on Audit Follow-up, covering the six month period ending March 31, 2012 in compliance with the Inspector General Act Amendments of 1988; to the Committee on Oversight and Government Reform.

6861. A letter from the General Counsel, Department of Housing and Urban Development, transmitting a report pursuant to the

Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6862. A letter from the Accounting Manager, Accounting Policy and External Reporting, Federal Home Loan Bank of Des Moines, transmitting the 2011 management report and statements on system of internal controls of the Federal Home Loan Bank of Des Moines, pursuant to 31 U.S.C. 9106; to the Committee on Oversight and Government Reform.

6863. A letter from the President and Chief Executive Officer, Federal Home Loan Bank of Indianapolis, transmitting the 2011 Statements on System of Internal Controls of the Federal Home Loan Bank of Indianapolis, pursuant to 31 U.S.C. 9106; to the Committee on Oversight and Government Reform.

6864. A letter from the Acting Director, Office of Government Ethics, transmitting the Office's final rule — Executive Branch Qualified Trusts (RIN: 3209-AA00) received June 27, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

6865. A letter from the Director, Office of Personnel Management, transmitting the Office's Federal Equal Opportunity Recruitment Program Report for Fiscal Year 2011, pursuant to 5 U.S.C. 7201(e); to the Committee on Oversight and Government Reform.

6866. A letter from the Secretary, Secretary of Education, transmitting the sixty-fourth Semiannual Report to Congress of the Office of the Inspector General for the period October 1, 2011, through March 31, 2012; to the Committee on Oversight and Government Reform.

6867. A letter from the Acting Assistant Administrator for Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Northeastern United States; Recreational Management Measures for the Summer Flounder, Scup, and Black Sea Bass Fisheries; Fishing Year 2012 [Docket No.: 120321208-2076-02] (RIN: 0648-BC07) received June 15, 2012, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6868. A letter from the Clerk, Court of Appeals, transmitting an opinion of the United States Court of Appeals for the Fourth Circuit, Ganess Maharaj, No. 11-1747 (June 14, 2012); to the Committee on the Judiciary.

6869. A letter from the Attorney General, Department of Justice, transmitting notification that the Department has determined not to file a petition for a writ of certiorari in *Al Haramain Islamic Foundation, Inc. v. US Dep't of Treasury*, No. 10-35032 (9th Cir. Feb. 27, 2012); to the Committee on the Judiciary.

6870. A communication from the President of the United States, transmitting notification of the designation of Irving A. Williamson as Chairman of the United States International Trade Commission, for the term expiring June 16, 2014, pursuant to 19 U.S.C. 1330(c)(1); to the Committee on Ways and Means.

6871. A letter from the Chairman, Medicare Payment Advisory Commission, transmitting the June 2012 Report to Congress: Medicare and the Health Care Delivery System; jointly to the Committees on Energy and Commerce and Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. SMITH of Texas: Committee on the Judiciary. H.R. 3862. A bill to impose certain limitations on consent decrees and settlement agreements by agencies that require the agencies to take regulatory action in accordance with the terms thereof, and for other purposes; with an amendment (Rept. 112-53). Referred to the Committee of the Whole House on the state of the Union.

Mr. SMITH of Texas: Committee on the Judiciary. H.R. 1996. A bill to amend titles 5 and 28, United States Code, with respect to the award of fees and other expenses in cases brought against agencies of the United States, to require the Administrative Conference of the United States to compile, and make publicly available, certain data relating to the Equal Access to Justice Act, and for other purposes; with an amendment (Rept. 112-594). Referred to the Committee of the Whole House on the state of the Union.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committees on Oversight and Government Reform, Science, Space, and Technology, the Judiciary, and Intelligence (Permanent Select) discharged from further consideration of H.R. 3674.

REPORTED BILL SEQUENTIALLY REFERRED

Under clause 2 of rule XIII, bills and reports were delivered to the Clerk for printing, bills referred as follows:

Mr. KING of New York: Committee on Homeland Security. H.R. 3674. A bill to amend the Homeland Security Act of 2002 to make certain improvements in the laws relating to cybersecurity, and for other purposes; with an amendment (Rept. 112-592, Pt. 1); referred to the Committee on Energy and Commerce for a period ending not later than September 21, 2012, for consideration of such provisions of the bill and amendment as fall within the jurisdiction of that committee pursuant to clause 1(f) of rule X.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. FLAKE (for himself and Mr. CHAFFETZ):

H.R. 6098. A bill to amend the Federal Crop Insurance Act to immediately reduce crop insurance premium subsidy rates from the higher subsidies provided since the Agricultural Risk Protection Act of 2000; to the Committee on Agriculture.

By Mr. CARNAHAN (for himself, Mr. POLIS, Mr. HONDA, and Mr. HINCHEY):

H.R. 6099. A bill to amend the Public Works and Economic Development Act of 1965 with respect to grants for economic adjustment, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BRALEY of Iowa:

H.R. 6100. A bill to amend the Internal Revenue Code of 1986 to provide a temporary extension of the 2001 and 2003 tax cuts for the middle class, and for other purposes; to the Committee on Ways and Means.

By Ms. CHU (for herself, Mr. RANGEL, Ms. LORETTA SANCHEZ of California, Mr. FILNER, and Mr. JONES):

H.R. 6101. A bill to amend title 38, United States Code, to improve educational counseling opportunities for veterans, and for other purposes; to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GERLACH (for himself and Mr. KIND):

H.R. 6102. A bill to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses, and for other purposes; to the Committee on Ways and Means.

By Ms. HOCHUL:

H.R. 6103. A bill to amend title XI of the Social Security Act to increase fines and penalties for Medicare fraud to augment Medicare fraud enforcement activities, such as the Health Care Fraud and Enforcement Action Team (HEAT) program; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RICHMOND:

H.R. 6104. A bill to provide a temporary extension for the middle class of certain tax relief enacted in 2001, 2003, and 2009; to the Committee on Ways and Means.

By Mr. STIVERS (for himself and Mr. CARSON of Indiana):

H.R. 6105. A bill to amend the Federal Home Loan Bank Act to allow non-Federally insured credit unions to become members of a Federal Home Loan Bank; to the Committee on Financial Services.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. FLAKE:

H.R. 6098.

Congress has the power to enact this legislation pursuant to the following:

The ability to regulate interstate commerce pursuant to Article I, Section 8, Clause 3.

By Mr. CARNAHAN:

H.R. 6099.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 1. "All legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and a House of Representatives."

By Mr. BRALEY of Iowa:

H.R. 6100.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution.

By Ms. CHU:

H.R. 6101.

Congress has the power to enact this legislation pursuant to the following:

Pursuant to Article 1, Section 8.

By Mr. GERLACH:

H.R. 6102.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the United States Constitution.

By Ms. HOCHUL:

H.R. 6103.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the U.S. Constitution.

By Mr. RICHMOND:

H.R. 6104.

Congress has the power to enact this legislation pursuant to the following:

This bill is introduced pursuant to the powers granted to Congress under the General Welfare Clause (Art. 1 Sec. 8 Cl. 1), the Commerce Clause (Art. 1 Sec. 8 Cl. 3), and the Necessary and Proper Clause (Art. 1 Sec. 8 Cl. 18).

Further, this statement of constitutional authority is made for the sole purpose of compliance with clause 7 of Rule XII of the Rules of the House of Representatives and shall have no bearing on judicial review of the accompanying bill.

By Mr. STIVERS:

H.R. 6105.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 178: Mr. AKIN.
 H.R. 210: Mr. CONYERS and Mr. SABLAN.
 H.R. 303: Mr. YODER and Mr. AKIN.
 H.R. 451: Mr. AUSTIN SCOTT of Georgia and Mr. CARSON of Indiana.
 H.R. 459: Ms. HAYWORTH.
 H.R. 546: Mr. WOMACK.
 H.R. 631: Mr. LARSEN of Washington.
 H.R. 733: Mr. GUINTA, Mr. CRITZ, and Mr. RIBBLE.
 H.R. 735: Mr. LANKFORD.
 H.R. 835: Mr. LATHAM.
 H.R. 860: Mr. BACHUS.
 H.R. 890: Mr. FINCHER and Mr. RENACCI.
 H.R. 904: Mr. OWENS.
 H.R. 905: Mr. BARROW, Mrs. CAPPS, and Mr. LARSEN of Washington.
 H.R. 998: Mr. KIND.
 H.R. 1006: Mr. SHIMKUS.
 H.R. 1044: Mrs. ROBY.
 H.R. 1063: Mr. YOUNG of Indiana.
 H.R. 1111: Mr. GRAVES of Georgia, Mr. MULVANEY, Mr. POSEY, and Mr. WALSH of Illinois.
 H.R. 1236: Ms. HAYWORTH and Mr. CRENSHAW.
 H.R. 1244: Mr. HECK.
 H.R. 1307: Mr. MCKEON.
 H.R. 1370: Mr. BILIRAKIS.
 H.R. 1410: Mr. OLSON.
 H.R. 1449: Ms. DEGETTE.
 H.R. 1464: Mr. MILLER of Florida.
 H.R. 1478: Mr. NEAL.
 H.R. 1546: Ms. CHU.
 H.R. 1592: Mr. FITZPATRICK.
 H.R. 1672: Mr. HIMES, Ms. DELAURO, Ms. NORTON, Mr. LOBIONDO, Mr. LARSON of Connecticut, and Mr. BOSWELL.

H.R. 1681: Mr. BISHOP of New York.

H.R. 1775: Mr. COURTNEY, Mr. AKIN, Mr. BACHUS, Mr. RIGELL, Mr. ROGERS of Alabama, Mr. AUSTRIA, Mr. NUNNELEE, Mr. WITTMAN, Ms. HAYWORTH, Mr. ROSKAM, Mr. FITZPATRICK, and Mr. YODER.
 H.R. 1955: Mr. CONNOLLY of Virginia.
 H.R. 2032: Mr. HIMES, Mr. JOHNSON of Ohio, and Mr. MCKEON.
 H.R. 2051: Mr. REED.
 H.R. 2155: Mr. MORAN.
 H.R. 2353: Ms. DELAURO.
 H.R. 2382: Mr. PERLMUTTER.
 H.R. 2479: Mr. RICHMOND.
 H.R. 2492: Mr. MCKEON.
 H.R. 2569: Ms. HAYWORTH.
 H.R. 2655: Mr. CARNAHAN.
 H.R. 2672: Mr. ENGEL.
 H.R. 2697: Mr. DEUTCH.
 H.R. 2794: Mr. FILNER and Mr. CARNAHAN.
 H.R. 2962: Ms. BONAMICI.
 H.R. 2969: Ms. TSONGAS and Mr. HOLDEN.
 H.R. 2992: Mr. POE of Texas.
 H.R. 3187: Mr. CRITZ.
 H.R. 3252: Ms. HAYWORTH.
 H.R. 3307: Mr. WALZ of Minnesota.
 H.R. 3356: Mr. POSEY.
 H.R. 3387: Mr. LOBIONDO.
 H.R. 3395: Mr. JONES and Mr. GUTHRIE.
 H.R. 3458: Mr. CANSECO and Mr. LATHAM.
 H.R. 3496: Mrs. CAPPS and Mr. BLUMENAUER.
 H.R. 3526: Mr. DOLD and Mrs. LOWEY.
 H.R. 3612: Ms. ROS-LEHTINEN.
 H.R. 3634: Mr. UPTON, Mr. MULVANEY, Mr. WALBERG, and Mr. WALSH of Illinois.
 H.R. 3658: Mr. SHIMKUS.
 H.R. 3761: Ms. SCHAKOWSKY.
 H.R. 3767: Mrs. NAPOLITANO and Mr. HIMES.
 H.R. 3783: Mr. FITZPATRICK.
 H.R. 3798: Mr. SCOTT of Virginia, Ms. TSONGAS, Ms. BASS of California, Ms. LORETTA SANCHEZ of California, and Mr. PASTOR of Arizona.
 H.R. 3821: Mr. LEWIS of Georgia.
 H.R. 3861: Mr. UPTON.
 H.R. 3862: Mrs. BLACK.
 H.R. 3877: Ms. HAYWORTH.
 H.R. 4035: Mr. PASCRELL.
 H.R. 4055: Mr. KILDEE and Mr. LIPINSKI.
 H.R. 4066: Ms. SLAUGHTER.
 H.R. 4078: Mrs. BLACK.
 H.R. 4100: Ms. HANABUSA.
 H.R. 4122: Mr. TIERNEY.
 H.R. 4169: Ms. BONAMICI.
 H.R. 4221: Mr. SCHOCK.
 H.R. 4235: Mr. STIVERS and Mr. RENACCI.
 H.R. 4248: Mr. CONNOLLY of Virginia.
 H.R. 4271: Mr. HASTINGS of Florida.
 H.R. 4318: Mrs. MALONEY.
 H.R. 4336: Ms. HERRERA BEUTLER.
 H.R. 4344: Mr. COHEN.
 H.R. 4720: Mr. BISHOP of New York.
 H.R. 4965: Mr. BACHUS.
 H.R. 5381: Mr. WALSH of Illinois and Mr. GARDNER.
 H.R. 5542: Mr. LATOURETTE, Mr. PALLONE, and Ms. HOCHUL.
 H.R. 5647: Mr. FRANK of Massachusetts, Mr. HOLT, Ms. BASS of California, Mr. BLUMENAUER, Mr. GUTIERREZ, Mr. HIMES, and Ms. BORDALLO.
 H.R. 5713: Mr. MCINTYRE.
 H.R. 5816: Mr. LARSEN of Washington.

H.R. 5846: Mr. MICA.

H.R. 5850: Mr. LAMBORN.
 H.R. 5911: Ms. HAYWORTH, Mr. SHUSTER, and Mr. OLSON.
 H.R. 5924: Mr. COFFMAN of Colorado.
 H.R. 5925: Mrs. NOEM.
 H.R. 5942: Mr. ROSKAM and Mr. BARROW.
 H.R. 5943: Mr. SHUSTER.
 H.R. 5944: Mr. HASTINGS of Florida, Ms. NORTON, and Ms. FUDGE.
 H.R. 5953: Mr. JORDAN.
 H.R. 5955: Mr. FILNER.
 H.R. 5962: Mr. BLUMENAUER, Mr. HOLT, and Ms. ESHOO.
 H.R. 5976: Mr. SCHIFF.
 H.R. 5978: Mr. CICILLINE.
 H.R. 6000: Mrs. ELLMERS.
 H.R. 6012: Mr. LEWIS of California, Mrs. HARTZLER, Mr. RYAN of Ohio, Mr. MANZULLO, Mr. HUNTER, Mr. BARTON of Texas, Mr. CICILLINE, Mr. MICHAUD, Mr. MARCHANT, Mr. BURGESS, Mr. NEAL, and Mr. KING of New York.
 H.R. 6025: Mr. SCHWEIKERT.
 H.R. 6034: Mr. BOSWELL.
 H.R. 6046: Ms. LEE of California, Ms. NORTON, Mr. COURTNEY, Mr. HINCHAY, Mr. GEORGE MILLER of California, and Mr. DEUTCH.
 H.R. 6085: Mr. LANCE.
 H.R. 6089: Mr. BISHOP of Utah.
 H.R. 6094: Mr. GALLEGLY.
 H.R. 6097: Mr. CRAVAACK, Mr. BOUSTANY, Mr. CONAWAY, Mr. CARTER, Mr. BARLETTA, Mr. RIVERA, Mr. CASSIDY, Mrs. BACHMANN, and Mr. STEARNS.
 H.J. Res. 111: Mr. HIMES and Mr. FILNER.
 H. Con. Res. 116: Mrs. NOEM, Ms. MCCOLLUM, Mr. SCHOCK, Mr. MARINO, and Mr. LATHAM.
 H. Con. Res. 129: Mr. RUNYAN.
 H. Res. 134: Mr. SCALISE.
 H. Res. 397: Mr. JACKSON of Illinois.
 H. Res. 484: Mr. JONES.
 H. Res. 618: Mr. HALL, Mr. PASCRELL, and Mr. CONNOLLY of Virginia.
 H. Res. 652: Ms. MCCOLLUM and Mr. BUTTERFIELD.
 H. Res. 672: Ms. HIRONO.
 H. Res. 695: Mr. COFFMAN of Colorado.
 H. Res. 705: Mr. GENE GREEN of Texas, Mr. MICHAUD, Mr. CLARKE of Michigan, Mr. CICILLINE, and Mr. MURPHY of Pennsylvania.
 H. Res. 709: Mr. DINGELL.
 H. Res. 714: Mr. FALCOMA, Mr. FARR, Mr. LEVIN, and Mr. STARK.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative TONKO, or a designee, to H.R. 4402, the National Strategic and Critical Minerals Production Act of 2012, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.